19 1959

About 3 Pct. of Population Is Apparently Retarded

Problem Is Virtually Unknown to Public

By WALTER GOODSTEIN

Louisiana is different in so many wonderful ways: The Vieux Carre of New Orleans; offshore oil exploration; the French-Canadian influence in the southwest, and many others.

But in at least one respect Louisiana, unhappily, is no different from other states: About three per cent of its population is probably mentally retarded.

Mental retardation is one of the most heartbreaking of all human handicaps.

Yet, despite the staggering number of people afflicted—nearly five million children and adults across the land—this problem is virtually unknown to the public.

Also every parent is vulnerable, regardless of economic status, race, color or religon.

Second of a series

The National Association for Retarded Children advises that mental retardation is 10 times more common than crippling polio (of the permanent type).

The NARC makes the following comparison of permanent afflictions per 100,000 population:

Blindness—200; polio (permanent type)—300; cerebral palsy—350; rheumatic heart—700, and mental retardation—3000.

Casper K. Naumann, president of the Greater New Orleans Association for Retarded Children—a United Fund affiliate and a unit of the NARC—tells a little more of the total picture.

"A conservative estimate of the total number of Americans directly concerned with the problem," says he, "is 10 million, including the afflicted, their parents, brothers and sisters."

SYMPTOMS GIVEN

Few professional men and women as well as laymen, know what mental retardation really is—that is, all of its aspects including causes and treatment.

This is needed, however, and being publicized during the current National Retarded Children's Week, is that most mentally retarded children can be helped.

Mental retardation is a condition of impaired or incomplete mental development dating from birth or an early age.

For practical purposes, it is usually associated with the following symptoms:

Slowness in development and limited ability to learn; reduction of social aptitudes, limited vocational capacity.

Information on the subject was gathered from the medical schools, pediatricians and officials of local, state and national groups concerning themselves with the problem of these "forever children."

NEED FOR HELP

Medically, there are radical differences in types: the brain-injured, mongoloids, microcephalics, hydrocephalics and many others.

It also includes those who, because of normal variations in the human race, fall in the lower intellectual levels.

Regardless of cause and degree of handicap, the retarded present one common characteristic — the need for special help during all or part of their lives in the struggle for survival.

Mental retardation is caused by at least 70 known or suspected conditions or diseases, occurring either before or during birth, or in early childhood.

An accompanying table lists some of them. It is to research that we must look for the causes and ultimate prevention.

THREE MAJOR GROUPS

There are three major groups among the retardates: The dependent group, estimated at one out of each 1000; the semi-dependent group, four out of each 1000, and the marginal independent group, 25 out of each 1000.

The dependent group will be "babies" all their lives. They deserve the care and attention given to a baby. As adults, their retardation is so severe they will have a mental age of a three-year-old child, or less. They must have constant supervision.

Many in the semi-dependent group can learn self-care, acceptable behavior and useful work — if properly schooled.

And the marginal independent group can become self-supporting, good citizens—with special education, integrated recreation and social programs.

JOB IN COMMUNITY

But the problem is not alone one for the parents or gardians. There's a job for the community, for the state and the nation.

Say officials of the associations for retarded childern:

"A vigorous education and training program in both public and parochial schools, and state residential sections, could change the status of the large proportion of retarded children from that of consumers of our tax dollar to that of producers capable of self-support or at least partial self-suppor..

"And what price can be placed on the suffering endured by the family of each child when their neglected needs provoke mental illness (fundamentally different from retardation), or marriage breakdown, or disrupted lives for other children?

"Here it is just good common sense and sound business for the communities, states and nation to take prompt corrective action."

19 1959

1,200,000 Negroes Among 8,500,00 U. S. Alcoholics

DENVER (ANP)—Alcoholism has become the number three public health problem in the United States, according to a noted scientist. Dr. Andrew C. Ivy, head of the clinical sciences department at the University of Illinois, told the opening session of the five-day American Temperance Society convention here that alcoholism is on the increase and posés one of the greatest threats to the nation's survival.

"There are 8,500,000 Americans requiring some kind of treatment for alcolohlism, and the number of alcoholics is increasing at a rate of 500,000 a year," Dr. Ivy told 300 delegates to the convention from Canada and all parts of the nation. At the present ratio of 15 per cent for the Negro population, this means there are some 1,200,000 Negro alcoholics in America today."

The University of Illinois scientist said that "at least 350,000 Americans who are victims of alcoholism die annually, and the life expectancy for the alcoholic is from 12 to 15 years, less than the average life span for non-alcoholics."

CONSUME MORE DRINKS

He said the number of people drinking has decreased from 67 per cent of the population less than 10 years ago to 55 per cent today, but that the 55 per cent of drinkers are consuming more drinks. This, in Dr. Ivy's estimation, accounts for the increasing number of alcoholic deaths.

Dr. Ivy said studies show one out of every eight people who begin drinking occasionally or moderately becomes an alcoholic, and there is no way to determine before hand who is susceptible, he pointed out.

He termed the rehabilitation of alcoholics a "civic, humanitarian and moral duty ebcause alcoholics are sick in body and soul and existing public policy permits their production.

NOT EASY TASK

Dr. Ivy stated, however, that rehabilitation of the alcoholic is not the answer to the problem, "because the number of alcoholics is very large and the rehabilitation of an alcoholic is not an easy task; neither is it very successful." He said studies show only about one-third of rehabilitated alsoholics remain on the wagon as long as five years.

The solution to the alcoholism problem, according to Dr. Ivy, is prevention through a vast education program with the nature of alcohol as an addiction-producing drug.

The American Temperance Society convention opened Monday at the Shirley-Savoy Hotel here in Denver. Plans are being formulated for a "grass root" alcohol education program to be launched nationally.

30-Year-Old Negro Mother Gives Birth To Quadruplets

BALTIMORE, MD. (AP)—A 30-year-old Negro woman, already the mother of eight children, gave birth to quadruplets Saturday at Johns Hopkins Hospital.

A hospital spokesman said Lorraine Graves of Annapolis and all four babies—three girls and a boy—were healthy and doing fine. Although it would be about 7 hours before the doctors could say for certain how well the quads were doing.

Dr. Frank Leak, resident physician in obstetrics, delivered the first baby, a 4-pound, 8½ ounce girl, at 1:17 p.m. The other babies, a 3-pound 13½-ounce girl, a 3 pound 11-ounce boy and a 3-pound 8-ounce girl, were delivered within 35 minutes.

Mrs. Graves, only 5 feet 2 and normally about 140 pounds, is married to George Graves, but lives with her mother, Temperance Simms in Annapolis. The husband was not at home.

Her other eight children include two sets of twins.

Statistics show that quadruplets occur once in about ever 657,000 births.

Mrs. Graves' babies were taken immediately to a premature nursery in the hospital, where babies automatically are confined when they weigh less than 5 pounds at birth.

Dr. Leak told newsmen he was assisted by three other physicians. He termed the delivery "very interesting."

He said Mrs. Graves was confined to the hospital on Sept. 25 when it was determined by X-rays for the first time that she would have quadruplets.

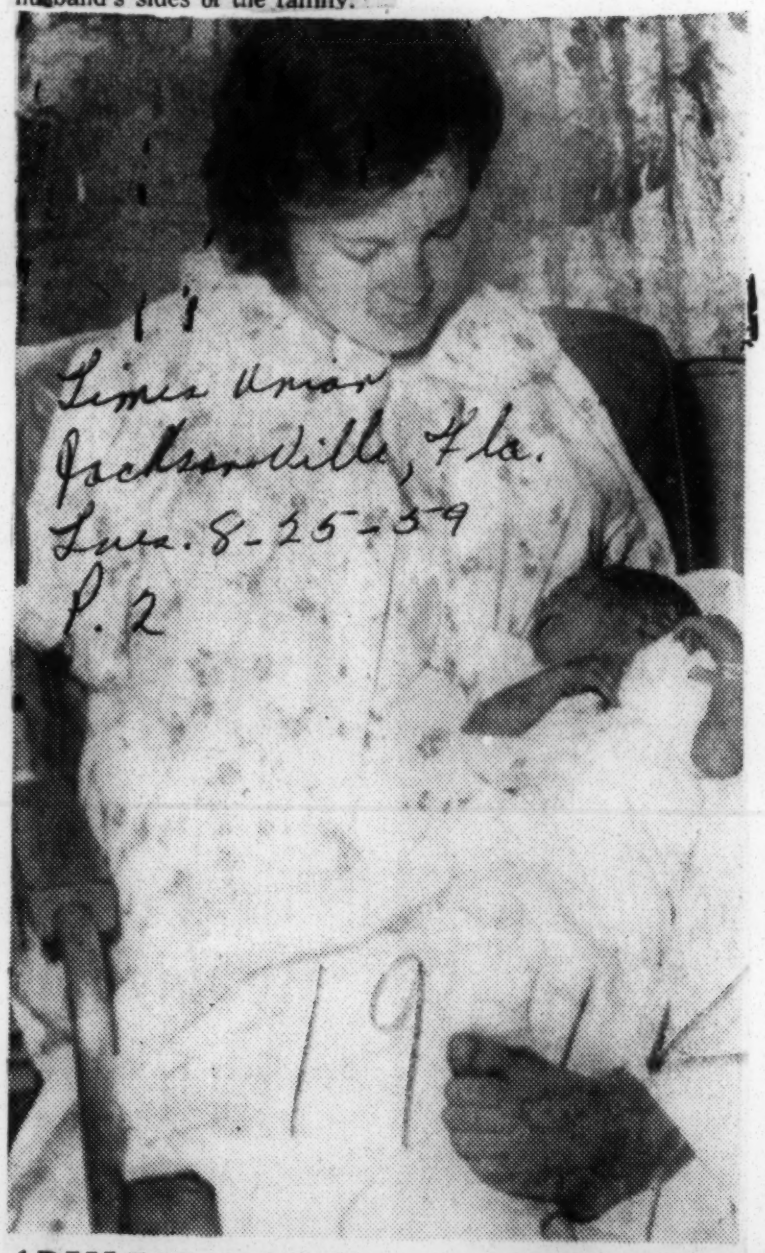
A hospital spokesman said this was the first instance of quadruplets in almost 100,000 deliveries since Johns Hopkins opened in 1889.

Mrs. Graves, a soft-spoken woman, beamed when newsmen appeared at her bedside shortly after the delivery.

"I'm a lucky woman," she said. "It's not all women that God has blessed with quadruplets."

She said she felt fine, although she was very surprised when she first learned she was going to have quads.

The mother of 12 said multiple births run in both hers and her husband's sides of the family.



ARMLESS MOTHER CUDDLES BABE

Cradling her 4-day-old son with an educated foot, Mrs. Joann McCarty Talbert, 18, looks down happily on Resden Sherman Talbert Jr. just before leaving the Columbus, Ohio, hospital where he was born. Mrs. Talbert, although without arms since birth, has learned to write, thread needles, comb her hair—and now cuddle her baby—with her feet. The Talberts hope to have three more children. (AP Wirephoto)

Associated Press wirephoto

BATTLE SLEEPING SICKNESS—Volunteer sprayers Roy Zeritt (left) and Leonard Wiseman douse homes and bushes in New Gretna (Burlington County), N. J., yesterday with insecticide in drive against encephalitis.

N. J. Encephalitis Deaths Up 5 in Day, Total 18

Two Health Commissioners Insist Epidemic Poses No Threat to City

By Robert C. Toth

New Jersey health officials raised the death toll from suspected encephalitis to eighteen yesterday, five more in one day. The total number of cases now stands at twenty-eight.

The latest deaths included two Pennsylvania residents who were visiting south Jersey when they were stricken, according to Dr. Roscoe P. Kandle, State Health Commissioner.

He reiterated his belief that the peak of the epidemic is past. Most of the victims were apparently bitten by the disease-carrying mosquito before Sept. 10, he said. The headache, fever, coma and convulsions of the disease occur within fifteen days after the bite.

In New York, meanwhile, City Health Commissioner Leona Baumgartner said her department is "convinced that the New Jersey situation does not present a threat to New York City."

Dr. Baumgartner said the "crash program" asked by the City Council for Staten Island mosquito spraying was unnecessary because there is no present danger of the (equine) encephalitis epidemic in southern New Jersey spreading to Staten Island or any other part of New York City."

Dr. Kandle agreed with Dr. Baumgartner.

There are a great variety of illnesses grouped under the general term encephalitis, which simply means an inflamation or fever of the brain. Any virus infection that gets to the brain is called encephalitis, for exemple.

The disease in Jersey is Eastern equine encephalitis. There are two other equine types, Western and St. Louis equine encephalitis. These are transmitted by mosquitoes.

A thirteen-year-old Glen Cove, L. I., girl, Leslie Coe, has been in the hospital for a week with an inflammation of the brain, possibly encephalitis, it was reported yesterday. It followed a throat and intestinal cold, according to her doctor, who preferred not to be identified.

The doctor said he did not believe there is any connection between his patient's illness and the outbreak in New Jersey.

State health officials are analyzing cultures from the girl to identify the exact cause, however.

The physician said the girl is "recovering nicely" and may go home this week.

Some types of encephalitis can be caused by the viruses of mumps, measles, flu, even from cat scratches, according to medical textbooks. None of these, of course, is transmitted by mosquitoes.

Restricted Area

The equine encephalitis in this area has remained confined to six southern Jersey counties. These are Ocean, Atlantic, Cape May, Cumberland, Burlington and Monmouth. One case was reported in Bergenfield in north Jersey, but it later was diagnosed as meningitis. In all, five cases have been confirmed to be encephalitis.

The Mayor of Hamilton Township in Atlantic County, as well as several other communities in the area, have declared a state of emergency and an all-out war on mosquitoes.

Rutgers University experts asid the melanura mosquito, which has been indicted for transmitting the encephalitis in Jersey, does not fly in the daytime.

Deadliest Type

In Washington, Dr. Leroy E. Burney, Surgeon General of the United States Public Health Service, said the Eastern equine encephalitis is the least common and most deadly of three equine types found in this country. It is fatal to 66 to 75 per cent of the victims.

St. Louis and Western encephalitis are carried by birds with immunity. Eastern encephalitis may or may not kill the birds.

Horses Victims

Mosquitoes bite the birds, picking up the virus. They prefer to continue feeding on birds, but may accidentally bite a horse or man. Neither horse nor man can tolerate the virus. It is highly unlikely that a mosquito can pick up the disease from an infected horse or man and transmit it to another horse or man, experts say.

However, New York State Health Commissioner Herman E. Hilleboe said in Albany that as a precaution all horses entering the state from New Jersey require a certificate of health and a history of vaccination against the disease less than a year ago.

Infected horses have been reported in Maryland, Pennsylvania, Delaware, North and South Carolina, Georgia, Florida and Louisiana. None has been confirmed as an encephalitis victim by laboratories, however.

Doctors resurrect lost man

(Photo on Page Two)

PHILADELPHIA

Six - foot, two- inch William Flanagan, the partially disabled war veteran who was "resurrected" from the dead, was sufficiently recovered Thursday to talk for the AFRO, but his memory is poor.

Physicians at Hahnemann Hospital, where the "medical miracle" was performed, reported Flanagan's condition as good, adding that he is, "well on the road to complete recovery."

Flanagan said he could not recall any of the circumstances leading up to near-tragedy, last Saturday, when he was found almost dead on a street in mid-city.

* * *

HE ALSO is vague about where he has resided for the past six months, maintaining that he lived at 121 N. 11th St. Walter Barkley, operator of the rooming house at the 11th St. address, says Flanagan has not resided there for six months.

Barkley described the "miracle man" as a disabled war veteran who did odd jobs.

Flannagan said he thinks his wife and two children reside somewhere in Philadelphia or Jacksonville, Fla.

His mother is believed to be in Atlanta, Ga., but to date authorites have been unable to locate any member of his family.

Mr. Flanagan, a laborer, was found semi - conscious on the street after having been exposed to 12 hours of cold weather. He was rushed to Hahnemann Hospital.

While an intern was examining him, his heart stopped. The now - standard method of heart massage failed to bring permanent results.

BREATHING AND circulation were restored by the massage, but the heart muscles went into fibrillation — a state of non-rhythmic quivering. Two hours of work with a mechanical defibrillator failed to restore normal breathing.

At the same time, four heart specialist continued their manual massage of the heart.

The specialists used six quarts of a warm, sterile saline solution in an attempt to warm the heart. They were rewarded with a few heartbeats. However, they had exhausted their supply of the solution.

* * *

THEY THEN linked a hose to a nearby warm water tap and flushed the open heart cavity with water — about 20 gallons in all. The heart gradually returned to its normal, rhythmic beat.

The whole process was done without anesthetics. Doctors were afraid that Mr. Flanagan's weakened condition would not permit the use of anesthetics.

When the operation was over one doctor said: "Mr. Flanagan, open your eyes."

The patient's eyes opened and he attempted to climb down off the operating table. He was, of course, prevented from doing so.

19 1959

Collins to Press for Stronger Bill

Supreme Court Knocks Out Law Curbing Naturopaths

By JOHN L. BOYLES
Capitol Bureau Chief

TALLAHASSEE—The State Supreme Court on Wednesday knocked out the 1957 law curbing the practice of naturopaths, but Gov. LeRoy Collins said he will renew his fight against naturopathy in the 1959 legislature session.

"An awful lot of work has gone down the drain," Collins said when he learned of the court's decision.

The law prohibited the licensing of any new naturopaths and denied all but a handful the right to prescribe drugs.

Naturopathy is the treatment of disease by the use of herbs and physical therapy.

The court said in a unanimous opinion that the 1957 law is unconstitutional because it discriminated between classes among naturopaths, giving some the privilege to prescribe drugs but denying the right to others.

The governor said he assumed a petition for rehearing will be filed with the Supreme Court and withheld any definite statement on what action he will take until the final court mandate is handed down.

But he said, "It is a pretty good supposition" that he will ask the Legislature to put the naturopaths out of business completely in the upcoming session.

Collins said meanwhile he will ask Attorney General Richard Ervin for an opinion on the status of the old Board of Naturopathic Examiners which was abolished by the 1957 law. Powers of the board were transferred to the State Board of Health.

State Board of Health Attorney William Walker said the Supreme Court's refusal to uphold a Duval Circuit Court decision "puts us right back where we were two years ago."

A Jacksonville naturopath, Melville P. Eslin Jr., had challenged constitutionality of the law.

Gov. Collins recommended that the 1957 Legislature completely abolish the practice of naturopathy in Florida. He based his recommendation on the results of an extensive

COLLINS ERVIN

probe which charged many naturopaths were graduates of diploma mills and were not properly trained to prescribe drugs.

After a bitter fight, the house passed a bill prohibiting the licensing of any new naturopaths but permitting those who had been practicing for two years to continue.

It also banned the prescribing of drugs by naturopaths which had been allowed under a Supreme Court interpretation of a 1957 law giving legal recognition to naturopathy as a healing art.

The Senate amended the House bill to permit naturopaths who had practiced in Florida for 15 years by Oct. 1, 1957 not only to continue practicing, but also to prescribe drugs.

Naturopaths have been outlawed in all but three states. Florida is the only state which allows them to prescribe drugs, including narcotics.

Although there were only about 350 naturopaths in Florida at their peak, they have long exerted a powerful lobbying influence in the legislative halls. Miami, Tampa, Jacksonville and St. Petersburg have the greatest concentration of naturopaths.

U.S. Health And Welfare Is Foe Of South In Integration Struggle

The most aggressive of the federal agencies pledged to mixing of the races has been the Dept. of Justice. In its efforts to win votes for the Administration, the Justice Dept. has stirred national emotions to a feverish pitch.

Reaction has set in. Instead of progressing through the courts, integration suits have bogged down in many instances. Except in border states, racial barriers in most of the South are as high as ever.

Recently the integrationists have moved in a new team. The Dept. of Health, Education and Welfare is calling the signals along with the Dept. of Justice.

Secretary Arthur S. Flemming has uttered threats against Southern communities which refuse to accept integration.

A few days ago he said that the federal government might withdraw its payrolls from areas where schools are shut down because of the integration issue.

Mr. Flemming's dangerous weapon is not talk but money. The Dept. of Health, Welfare and Education has offered to supply funds to the Navy to open an integrated school in Norfolk.

Under present laws, only children of military families living on federal property can attend such a school. A mere 500 of the 5,500 children of servicemen in Norfolk would qualify.

The Dept. of Health, Education and Welfare is drafting legislation to provide schools for the other 5,000. Spokesmen have hinted they hope to get federal funds to build schools for the children of civilian workers as well.

In the past we have viewed the Dept. of Health, Education and Welfare with disapproval because of its sympathies for federal aid to education. We have expressed the belief that federal bureaucrats would like to dictate the standards and administrative practices of the nation's schools.

The behavior of Mr. Flemming's department with respect to integration is equally unpleasant.

Though the Justice Dept. has done much to injure the cause of national unity by putting on pressure for integration, the damage has been limited by legal barriers. The law, though twisted and tortured in courtrooms all over the land, has proved strong enough to hold the attorney general and his agents in check to some extent.

The Dept. of Health, Education and Welfare is not governed by statutes or rules of procedure like those which restrain the Dept. of Justice.

The judges to whom Mr. Flemming and his subordinates listen with respect are sociologists and do-gooders. They can be relied on to rule against the South whenever votes cast in the cities of the North are at stake.

Glaucoma Loses; 7-Year-Old Boy Will See Again

By The Associated Press

SAN FRANCISCO, Jan. 23.—Buddy Thornhill, who has undergone 11 eye operations in his seven years, is going to see clearly — possibly within two months.

Dr. William F. Ferguson Jr., a specialist who treated the Natchez, Miss., youngster for glaucoma here, told newsmen that Friday.

Mrs. Louis A. Thornhill, practically in tears, added:

"You know what Buddy is doing right now? He's chasing a balloon in our hotel room."

His mother said that Buddy, whose real name is Hugh, could detect only light previously but now could see colors.

Dr. Ferguson said the glaucoma "is under control and now it is a matter of waiting until the cataract is absorbed and he can see clearly again."

That might take from two to four months, the specialist added.

Buddy may never need another operation, Dr. Ferguson

continued. The youngster's right eye was taken out in a previous operation.

Buddy's trip here with his parents was financed by Natchez residents.

The Thornhills arrived Jan. 14 and Dr. Ferguson has been examining and treating the youngster with medicines since then. The youngster's seventh birthday was the 15th, the day Dr. Ferguson told him there was hope that he would see.

Glaucoma destroys sight through pressure inside the eyeball. It destroyed the sight in Buddy's right eye and the left eye was damaged.

Buddy and his parents returned home Friday evening.

RETARDED MIND CAUSE IS FOUND

Discovery Is Discussed by Dr. Novick

Medical researchers have discovered cause, as well as treatment, of one type of mental retardation, a speaker said here.

Discussing this find was Dr. Rosalind Novick, assistant professor, department of pediatrics, Louisiana State University medical school. She addressed a meeting of the Greater New Orleans Association for Retarded Children at the Roosevelt hotel.

While this type of mental limitation is relatively rare, affecting one child in every 25,000, it opens a field of study which could benefit more prevalent kinds of brain deficiency, she said.

Dr. Novick, who devotes most of her time to the care of child abnormalities of the heart, said she unexpectedly found a case of a baby with phenylketonuria—an inborn error of metabolism.

This is a hereditary disorder of protein metabolism in which the enzyme phenylalanine hydroxylase is deficient.

This enzyme normally permits the metabolism of phenylalanine to tyrosine, a necessary function in the process that starts with food intake and aims at proper development.

When the enzyme is not present, phenylalanine, which is present in all protein containing foods, cannot be metabolized.

It accumulates in the body, therefore, in large quantities and interferes with normal brain function. Eventually, permanent damage to the brain occurs, and the child becomes mentally retarded.

If such children are provided special diets, from which phenylalanine has been removed before permanent brain damage occurs, said Dr. Novick, they may remain entirely normal.

When it is discovered after some damage has been done, she added, the special diet recently developed may permit some progress in the development of the child who heretofore had been doomed to a life in an institution.

Impact of the discovery, said Dr. Novick, is that many other forms of mental deficiency may be found to stem from a similar abnormality or deficiency—reduced, as in this case, to a simple enzyme.

After Dr. Novick's talk the members of the association, a United Fund affiliate, divided into two discussion groups. One group for newcomers was directed by Dr. Robert Dorsey, clinical psychologist at LSU medical school. Dr. Novick directed the discussion by the advanced group.

TWO-HEARTED DOG DIES

Russian Reports It Lived 27 Days After Experiment

MOSCOW, Nov. 12 (AP)—Andreika the dog died today after having lived 27 days with two hearts.

Dr. Vladimir P. Demikhov, experimental specialist in Moscow's First Medical Institute, told institute surgical students that Andreika had died of a combination of heart trouble and blood clot.

He also said that a dog on which he had added a second head had lived six days as a dual-headed animal before he amputated one of the heads. The dog is still living. In a previous experiment, one of Dr. Demikhov's two-headed dogs lived thirty days.

Dr. Demikhov said he would try to transplant a second heart into another dog Tuesday. He said thirty-seven dogs had died in heart-transplanting experiments before he got around to Andreika.

How Do You Feel?

Jobs Make 400,000 Sick In U. S. A Year, Report Holds

CINCINNATI, Ohio (UPI)—Jobs make 400,000 Americans sick each year, the deputy surgeon general of the U. S. Public Health Service said Monday.

Dr. John D. Porterfield also said it was "impossible" to estimate how many other sicknesses blamed on other sources actually were caused by occupations.

He said it all was due to industrial production's rapid development, outstripping medical science's ability to keep pace with potential health hazards to workers.

"It is estimated 400,000 new cases of diseases which occur each years are clearly occupational in origin," Porterfield said.

"So many new products and by-products have resulted from the industrial use of chemistry, engineering and physics that many are in common use before their each year are clearly occupational or understood," he said.

Porterfield addressed the opening session of the three-day 19th annual Congress on Industria Health. He said the dynammic ingenuity of American industry was contributing to a major occupational health problem and most of the difficulty existed in small plants - those employing less than 500.

Porterfield proposed more careful and extensive reporting systems of occupational disease problems, establishment of industrial hygiene engineering control measures in small plants, providing consultation and research to small plants from state and local agencies and use of community health officers.

Cancer Patients Show Gain After Using Serum

By ROBERT GOLDENSTEIN

CHICAGO (AP) — Some patients once considered in the last stages of cancer still are alive three years later after receiving serum from horses inoculated with their type of malignancy, a Canadian doctor said Monday.

Dr. Gordon Murray of Toronto said there have been no cures but definite evidence of improvement.

He described the experiments at the annual meeting of the American Academy of Orthopaedic Surgeons.

The important thing to determine, he said in an interview, is whether the serum caused the improvement or whether it resulted from some still undetermined factor.

The experiments are seeking to determine whether such serum will strengthen a cancer victim's natural immunity to the disease.

In the studies, a specific type of human cancer is implanted under the skin of the horse. Pounds of such tumor are used in a procedure requiring months.

The horse does not develop cancer. Rather develops protective antibodies that destroy it and cause it to be absorbed.

"In doing so ,their tissues necessarily develop the substances required for dissolving the tumor cells, and by analogy, these substances would be contained in the globulin fraction of the horses' blood," Dr. Murray said. "This fraction of the horses' blood was given to patients in the late stages of disease from cancer."

He said some of the patients appeared to be only weeks away from death when they received the serum. Some regained color, weight and the appearance of health and some were able to return to work.

NEGRO SCORES DATA ON BLOOD-GIVING

WASHINGTON Nov. 14 (UPI) — The president of a Negro medical association said today Southern whites were likely to have more common blood elements with Southern Negroes than with whites from other regions.

Dr. Edward C. Mazique, head of the National Medical Association, attacked the findings of three physicians who opposed blood transfusions between the races.

The N. M. A. has a membership of 5,000 and is considered a counterpart of the American Medical Association although some Negroes also belong to the A. M. A.

The report in question was presented to the American Association of Blood Banks in Chicago. It said that because of variations in the blood of races, less danger was involved if the donor and recipient of blood were of the same race.

The report was made by Dr. John Scudder and signed by Drs. A. B. Bhonslay and Aaron Himmselstein.

Dr. Mazique said:

"Negroes and whites in close historic proximity would have more common blood elements than recently arrived white elements of the North.

"Certainly, Dr. Scudder cannot believe that Anglo-Saxons who left Southampton centuries ago have a blood monopoly or certain component elements that may be more successfully matched with that of recent arrivals from Slavic countries than with his natural kith and kin—the American Negro."

19 1959

Mixing Called Dangerous

Transfusions With Blood Of Own Race Advised

NEW YORK (AP) — A famous medical researcher and blood specialist says transfusions are safer for patients when blood of their own race is used.

The safest transfusion of all, it was added, is when a patient is given his own blood from a supply stored in advance.

These points were made Friday by Dr. John Scudder in a technical paper presented at the annual meeting of the American Assn. of Blood Banks in Chicago.

In some cases, he also asserted, it is quite dangerous to give Negroes transfusions with blood of white persons, and vice versa.

Dr. Scudder said that in general it is more dangerous for Negroes to receive the blood of white persons than for whites to receive Negro blood.

He said that in instances where a person's own blood has not been banked in advance for emergency use, the next best thing to do is to use blood of someone in his family. Third best is blood from his own racial group, Dr. Scudder said.

Mismatching blood of donor and patient sometimes leads to shock, death and sterility, he said, even though their types of blood may be matched in the major groupings in which blood is classified.

Dr. Scudder said the troubles stem from uneven racial distribution of minor factors in blood composition. These are differences in protein substances in the blood.

By way of illustration, he explained that there are 12 main blood group systems and more than 20 rare blood groups systems. Statistically, combinations of these could run into the millions.

The point of it all is that no two persons have blood exactly alike, except identical twins, said Dr. Scudder.

As for the racial aspect, there are fewer variations in blood among members of the same race than between races, he said.

SURGICAL MILESTONE

Doctors Graft On Human Leg

HAYWARD, Calif. (AP) — A team of doctors has succeeded for the first time in grafting back the severed leg of a human.

Surgeons said they could find no parallel in medical history for the operation performed in Eden Hospital here, although such things as severed finger tips and ears have been grafted.

The operation, announced Wednesday, was kept secret for three months, until doctors decided it was successful.

The operating surgeons, whose names will remain secret until their work can be reported in medical journals, described the operation anonymously in the Hayward Review.

The right leg of Billy L. Smith, 25, was crushed a few inches above the knee by a crane while he was rebricking a furnace in the nearby DeCoto plant of the U.S. Pipe and Foundry Co. Only a two-inch strip of skin connected the leg to the stump.

An orthopedic surgeon, who corrects deformities, telephoned a vascular surgeon, who specializes in mending torn vessels, and asked: "You want to try for a miracle?"

The vascular surgeon agreed.

After blood vessels in the lower leg were flushed with anticlotting fluids, the vascular surgeon said he "hooked up the severed main artery and started the blood flowing. The foot immediately turned pink."

NO PULSE

But shortly after he stitched together the main veins, so arterial blood could return to the heart, the foot turned white again and there was no pulse in it.

The artery was reopened, a clot removed, blood vessels were flushed again and have functioned perfectly since.

The orthopedist cut away mangled tissue, leaving a two-inch gap between the flesh parts of the leg sections and then bridged the gap with two inches from the upper leg bone.

All that remains now are skin grafts and an operation within a few months to link the main hip nerve to the lower leg, where at present there is no sensation.

Leg Graft Patient May Walk Again

OAKLAND, Calif. (AP)—It may be three years before Billy Smith can walk—and that isn't certain—but it's a miracle that he still has his right leg.

This is the substance of a report by two of the three surgeons at a news conference Friday. It was their 4½-hour operation that saved the 25-year-old laborer's limb July 22.

Smith's leg was crushed and severed when he was struck by a crane on a construction project. The surgeons, who requested anonimity, said he was brought to Eden Hospital so promptly and was in such healthy condition that they decided to try to graft the leg back.

The leg was severed three inches above the knee.

"It was just too good a chance to pass up," said one surgeon. "We were very fortunate that we were confronted with only one vein and one artery."

Smith will be in the hospital for months. His leg is being held high to prevent clots. It will be about three years before the nerves grow back to the tip of his toes.

Patient Sits Up, Eats Steak 3 Days After Doctors Fight to Save Him

Special to World-Telegram and Sun.

PHILADELPHIA, Nov. 10. — A 43-year-old laborer could thank plain, old tap water and the ingenuity of heart specialists today for the fact that he could eat steak three days after his heart had stopped beating.

The resident surgeon at Hahnemann Hospital here said the recovery was the most remarkable in his 11 years experience.

William Flanagan was found semiconscious lying in the gutter at a Philadelphia intersection Saturday night. An intern at the hospital, Dr. Edward Brunner, diagnosed his condition as cardiac arrest and quickly opened the chest to begin massaging the heart by hand. Artificial respiration was administered by a tube through his mouth.

Hope Fades.

But the reaction was not encouraging. A team of Hahnemann heart surgeons then tried electric shocks. Four types of heart stimulants were injected into Mr. Flanagan's body without effect. Hot water bottles and heated blankets also failed.

Then, with hope almost gone, the team of four doctors attempted to warm the heart locally by pouring six quarts of hot sterile saline solution into the open chest cavity. To their surprise, the lower chambers of the heart beat a few times.

The doctors searched for more saline solution, but none was available. Finally, in desperation, the doctors linked a hose to a nearby hot water tap and turned it directly into the chest cavity. The heart was deluged with about 20 gallons of water.

Its normal rhythm returned gradually as the blood passed through the warm heart and extended the warmth throughout Mr. Flanagan's body. Within minutes, his temperature rose from the low 80s to 92 degrees.

The patient had been given no anesthetics because they might have killed him. The pupils of his eyes constricted. His arms and legs moved.

Although his chest cavity was still open, he attempted to climb off the hospital table and had to be restrained.

Once the cavity was closed, Mr. Flanagan regained full consciousness. He was moved to the recovery room where he was kept under mild refrigeration to prevent his temperature from rising above normal as the result of the 3½ hours of heart massage.

The following day the respiratory tube was removed from his throat. Last night, he sat up and ate a steak dinner.

Hot Water Snatches Laborer From Death as Heart Fails

A nurse keeps a close check on William Flanagan as he recovers in a Philadelphia hospital from a close brush with death. United Press International Telephoto

1959 ORANGE BLOSSOM CLASSIC PARTICIPANTS

Tallahassee, Fla. — The famed Fultz Quads of Reidsville, N. C., familiarly known as "The Pet Milk Quads," are slated to appear in the 27th annual Orange Blossom Classic and Festival in Miami on Saturday, Dec. 5, under the auspices of the Pet Milk Company of Saint Louis. Left to right, Louise, Alice, Ann and Catherine.

The Quads enjoy bike riding between homework sessions and household chores. Some 200,000 persons are expected to see the Quads during their initial visit to Florida to participate in the festivities of the famed classic sponsored by Florida A&M University. Thirteen years old, they are the world's only identical Negro quadruplets, and are now students at Caswell County Training School.

19 1959

Despite Progress of Medicine

The Washington Post
Washington D. C.
Jan 13-59

Lack of Pre-Natal Care Causing 40 Per Cent Rise In Infant Death Rate Among District's Negroes

The death rate among Negro infants in the District has risen about 40 per cent in the last decade, city health officials reported yesterday.

The rise is due primarily to an expanding non-white population which is outdistancing limited maternal and child care clinics, Health Director Daniel L. Finucane said.

Pointing to pre-natal care as the keystone of mother and child health, Dr. Finucane said at least three more public pre-natal clinics are needed so that additional medical care can be given to expectant mothers.

Mothers Often Hesitant

A typical case handled by the two existing clinics is that of a young, unmarried Negro mother, frightened and ill, hesitant about seeking medical help because of her financial and non-marital status.

From a neighbor, she learns that help is available at the D. C. General Hospital clinic or the Health Department clinic at Gales School, 65 Massachusetts ave. nw.

She goes to one of these where a medical team—consisting of obstetrician, nurse and medical aides—gives her a thorough physical examination. Then she gets instructions on how to care for herself during pregnancy and how to care for the baby when it is born.

Periodically, she returns to the clinic for checkups. If she cannot afford delivery costs, arrangements are made for her hospital care at D. C. General or, through a private assistance hospital.

Health officials believe that if more mothers get their sort of care early enough in pregnancy, the infant death rate could be reduced.

Health Department statistics show that in 1949, there were 30.4 Negro infant deaths per 1000 births. In 1958, the year for which latest figures are available, the death rate stood at 42.7.

In contrast, the white population, a generally higher economic and therefore healthier group, has shown only a slight increase in infant (under one year) deaths.

The white rate in 1949 was 28.1 per 1000 births; in 1958, it was 30.1.

Low Mortality Years

Health Department statisticians stress, however, that the late 1940s were generally low infant-mortality years locally and nationally. Furthermore, the cautious statisticians point out, hospitals have improved their record keeping in the last decade, becoming more careful about differentiating between newborn and fetal deaths.

Thus, while the newborn, or infant, death rate has increased, records show fetal deaths on the downswing. Taking this into account, Finucane is nevertheless "greatly concerned" over the rise in Negro infant deaths.

Money is available in the current budget for a third pre-natal clinic but health officials are considering using these funds for a roving medical team which would have more geographical flexibility than a stationary clinic.

Finucane would like two additional clinics—either roving or stationary—to meet what he considers a pressing demand for early pre-natal care. He would also like more personnel and working space for the 10 child care clinics in the city, for which no expansion funds are presently available.

At the national level, infant mortality rates have shown a decline, but not as great a drop as Public Health officials consider appropriate in view of expanding medical knowledge. They are making a study to find out why the rate hasn't dropped more.

The national infant death rate among non-white in 1947 was 48.5 per 1000 births; in 1957, the year for which latest figures are available, the rate had dropped to 43.7. For whites, the rate in 1947 was 30.1, and in 1957, it was 23.3.

The national figures cover rural as well as urban areas and include non-hospital births not figured into District records.

19 1959

NEW GROUP READY TO COMBAT SUICIDE

Priest Sets Up Rescue Inc. in Boston to Act at All Hours—Phone Listed

By JOHN H. FENTON
Special to The New York Times.

BOSTON, Feb. 9—The telephone number HAncock 6-6600 may mean a new lease on life for despondent Bostonians.

A call at any hour will bring sympathetic counseling for persons who feel themselves on the verge of suicide.

The service is called Rescue Inc. It is a non-sectarian, anonymous organization to serve persons of all persuasions and economic conditions. It is patterned after Alcoholics Anonymous.

Rescue Inc. went into operation less than a week ago. But even before the special number could be established, the young Roman Catholic priest who conceived the idea had added another rescue to his list.

The Rev. Kenneth B. Murphy, a curate at St. Francis De Salles Church in the Charlestown District, talked three men out of leaping to their deaths last year. This week he saved a despondent Navy veteran from attempting suicide with an overdose of sleeping pills.

The veteran, 42 years old, telephoned Boston City Hospital from a tavern and asked for Father Murphy. He said he was planning to commit suicide and had read in the newspapers about the priest's new service.

The call was referred to the church rectory. The man told Father Murphy he had fifty sleeping pills and was going to wash them down with beer. He said his wife and four children could start a new life with the insurance money.

Father Murphy kept the man talking until his three minutes on a 10-cent piece had run out and the call was disconnected. In the meantime, another priest telephoned the police precinct station near the tavern. Two detectives got there while the man was still in the booth trying to re-establish the connection. The man was taken to City Hospital for observation.

By the end of the week nineteen persons bent on suicide had called the new telephone number, which had been published in Boston newspapers.

Father Murphy, a soft-spoken man in his late thirties, has done considerable work with potential juvenile delinquents in his parish, which is in a tenement district near the Boston Naval Shipyard. Father Murphy is a native of the West Roxbury District.

No Special Training

He said today that he had had no special training, except the counseling courses he took at St. John's Seminary here. But he had done some medical and psychiatric research. This included several interviews with Dr. Gregory Zilboorg, a consultant to the United Nations.

"I work mostly by intuition," said Father Murphy, describing his method of talking with despondent persons. He discussed the idea of Rescue Inc. with Dr. John F. Conlin, superintendent, and Dr. James V. Sacchetti, assistant superintendent, at the City Hospital. The idea was placed before Richard Cardinal Cushing, who expressed his endorsement with a check for $5,000 to help start the plan. Dr. Conlin added another $5,000. Other funds will come from voluntary contributions.

The headquarters will be at the City Hospital. The special number was assigned this week. It will be covered around the clock, day-in-and-day-out by the Boston Service Exchange, Inc., a professional answering service.

For the present, Father Murphy will be on call. But cooperation will be sought from institutional chaplains, clergymen of all faiths, physicians, psychiatrists, nurses, public safety officials, educators and mental hygiene groups. Dr. Philip Solomon, psychiatrist in chief at the City Hospital, will act as consultant.

One of the first responses came from Dr. Richard Ford, assistant professor of legal medicine at Harvard and Suffolk County Medical Examiner. Dr. Ford told Father Murphy that preliminary studies of motor fatalities at Harvard showed that some pedestrian deaths were suicides, with the driver playing the unwitting role of the instrument of death. Dr. Ford assured Father Murphy that considerable care would be given to evaluating this phase of the complete study.

Strange Mexican Mushrooms May Aid Mentally Ill

By DWIGHT JONES
Associated Press Staff

PROVO, Utah, March 7.—New ways of growing the strange Mexican mushrooms that cause wild day-dreams are being explored by a scientist at Brigham Young University.

Dr. Kent H. McKnight is the expert engaged in basic research into how to propagate and raise the mushrooms that some medical men think may prove valuable in the study of mental illness.

Several potent chemicals have already been found that, like the mushrooms, create hallucinations in men who are wide awake.

Schizophrenic Burden

By finding out how these compounds produce hallucinations and personality changes in sane men, some scientists hope they may discover the cause of some forms of insanity.

Schiozophrenics, those mental patients notable for hallucinations, have been called the greatest medical burden in the United States. There may be 500,000 in United States hospitals and perhaps several times that many at home.

The mushrooms when eaten have been known to cause some of the symptoms of schizophrenia. Subjects have reported that they had wild dreams with part of their mind, and yet were able to keep a slim grasp on reality with another part.

This same sort of reaction has been found with other hallucination-causing drugs.

McKnight, in searching for new ways to grow the dream stuff, has discovered that the mushroom itself isn't necessary. The moldlike filaments of the mushoom root system have produced the same dream effects.

These filaments can be grown in bottles much as penicillin mold is grown in large quantities for drug production.

The vision - inducing properties of Mexican mushrooms have been known for some time.

But probably the most vivid popular report of their effect came a couple of years ago from R. Gordon Wasson, a retired New York banker. He told of eating the mushrooms at the Indian ceremony in Mexico, where they have been used in pagan rites for centuries.

Wasson said his hallucinations began with art motifs such as are seen in textiles or wall paper. He wrote:

"There I was, poised in space, a disembodied eye . . . seeing but not seen . . . the effect . . . is to bring about a fission of the spirit, a split in the person, a kind of schizophrenia, with the rational side continuing to reason and to observe the sensations that the other side is enjoying . . ."

It Started A Race

Wasson's report started a race to isolate the chemical which causes this effect.

McKnight began his work as part of a research project started by Dr. James W. Moore, a chemist at the University of Delaware. Dr. Moore is studying chemistry of the fungi and Dr. McKnight is studying their spore germination and fruiting (production of the actual mushroom). McKnight is continuing his study under a three-year $18,000 grant from the National Institute of Health.

European researchers reported last summer they had isolated the chemical which causes the hallucinations. There are reports that at least one American drug firm also has found it, but apparently it is keeping quiet as a trade secret.

Albert Hofmann, research director of the Swiss Drug Company, Sandoz A. G., not only isolated the chamical—he ate some of it and reported reactions similar to those which Wasson had. Hofmann named the chemical psilocybin, after one of the hallucinatory mushrooms, psilocybe Mexicana.

Hofmann already is famed as the man who in 1945 discovered a chemical now universally known as LSD-24. This has become a valuable aid to psychiatrists seeking to produce symptoms like those of schizophrenia (split personality). It is hoped psilocybin may be a third substance for use in inducing controllable symptoms of mental illness. The other, besides LSD-25, is mescaline.

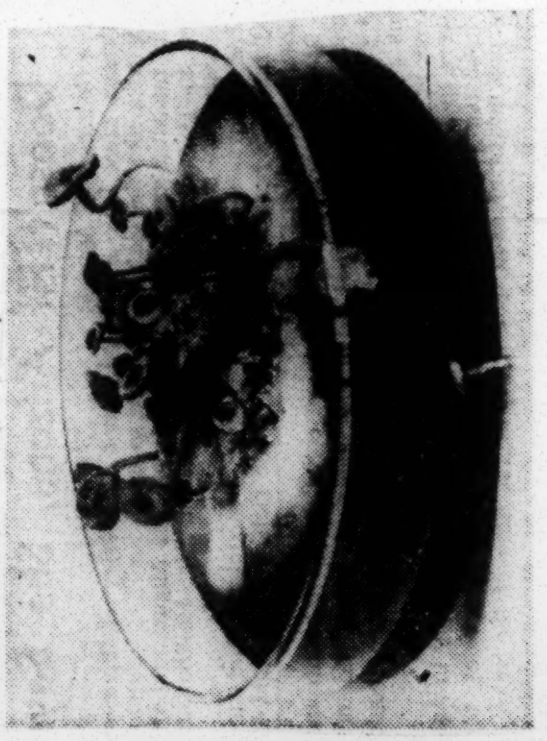
Fatal Hallucinations

One of the obvious research problems on such a thing as mad mushrooms is finding a way to carry out experiments safely. Animals may be studied for reactions, but they can't describe their dreams.

McKnight says he hasn't eaten any of the mushrooms and doesn't intend to. He's had plenty of people offer to sample them for him. But he's not going to let them.

For one thing, that's not his field of experimentation.

For another, certain varieties of deadly mushrooms (toadstools to you) also give their eaters hallucinations — just before they die.



The Magic Mushrooms

HOW ONESIMUS SHOWED A SCAR ON HIS ARM AND TOLD HOW AFRICAN DOCTORS PRACTICED INOCULATION AS A CHECK. THE IDEA WAS THOUGHT FANTASTIC, BUT IN THE SMALLPOX EPIDEMIC OF 1721, IT SAVED MANY LIVES. INTRODUCED LATER INTO ENGLAND, INOCULATION LED TO VACCINATION IN 1796..... Milai

Thousands of Infants Are Born Each Year With Major Defects

Birth defects (congenital malformations), one of the new health goals of the National Foundation (originally the National Foundation for Infantile Pralysis), are described as the most important unmet childhood medical problem.

Each year about 250,000 children are born in this country with significant defects. These defects cause the death of 34,000 infants a year, or one fourth of all infants in the United States who are stillborn or die within the first month during an average year.

The National Foundation will launch research into the causes of birth defects with some part of the $65,000,000 it seeks during the 1959 March of Dimes in January.

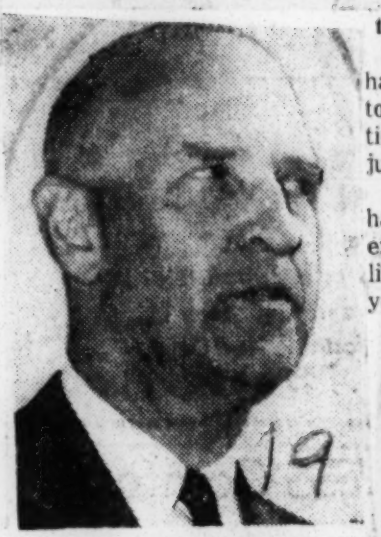
Some birth defects are widely known and recognized. Among them are cleft lip and palate, clubfoot, missing extremities and feeblemindedness. These and other congenital malformations are conditions due to factors acting before birth, not injuries occurring during the act of birth.

Birth defects not only constitute a medical challenge of the first magnitude, but represent a problem in public education as well. The need to develop healthy parental and community attitudes is especially vital.

As soon as possible, the National Foundation will provide for patient aid for children through age 18 with specific kinds of birth defects involving the central nervous system. These are spina bifida, a deformity of the spinal vertebrae; encephalocele, a deformity similar to spina bifida except that the skull instead of the spine is open; and hydrocephalus, an accumulation of excess fluids in the cavities of the brain (commonly known as "water on the brain").

Research in birth defects is closely allied to work already done by National Foundation scientists on the nature of the living cell.

Birth defects are a major phase of the expanded program of the National Foundation. Other areas of aMrch of Dimes activity are arthritis, the virus diseases and further work in polio.



SEN. LISTER HILL
. . . Wins, 63-17

Hill's world health bill clears Senate

BY JOE HALL

WASHINGTON, May 21—(AP)—A bill to establish a $50 million annual program of cooperative international medical research has been sent to the House by a 63-17 Senate vote.

Senate Republican Leader Everett M. Dirksen waged a futile floor fight against it yesterday, basing his argument principally on its cost.

The bill's chief sponsor, Sen. Lister Hill (D., Ala.) said high administration officials had endorsed its purpose.

Hill, author of many pieces of health legislation, said this bill would help mobilize the world's top medical brains.

THE PROGRAM would be handled by a new institute for international health and medical research created by the bill. It would be in the National Institutes of Health operated by the Public Health Service at Bethesda, Md.

Dirksen identified the measure with "squandermania." He said health was an important problem but that so was inflation.

Dirksen noted the NIH budget had risen from $2,835,000 in 1945 to $374 million this year. He questioned whether the results had justified it.

Hill replied that the research had paid off handsomely. As an example, he said, the average life span had increased seven years in the period.

★ DR. JORDAN SAYS ★

Research Offers Hope for Mentally Retarded Children

BY EDWIN P. JORDAN, M. D.
Written for NEA Service

Human intelligence is a remarkable thing. The ability to think and the way in which this is performed varies enormously. A person, for example, can be a genius in mathematics or chess, but might be totally incapable of writing a great novel—or the reverse.

But today, I want to touch briefly on the tragedy of those children who are born with insufficient intelligence to be able to compete satisfactorily in our complicated world—the mentally retarded.

The first thing to recognize is that this group also contains individuals of differing intelligence. Mental retardation will range therefore from those who are only slightly below normal intelligence to the ones who are intellectually totally helpless.

It has been pointed out in a pamphlet published by the National Association for Retarded Children (99 University Place, New York 3, N.Y.) that no simple or universal plan exists which can be applied to every mentally retarded child and his family.

In addition to knowing the degree of mental retardation one must try to determine the possibilities for the future training of the child, the economic situation of the family, the facilities in the community for caring for the youngster, and the like, before a plan can be drawn for the particular child. This includes such difficult decisions as whether the child should be cared for at home, or in a state or private institution.

The care or treatment of the mentally retarded youngster is fortunately being handled with increasing intelligence, understanding and sympathy. More research to improve care and treatment is needed and should be encouraged and supported.

Many possible causes for mental retardation, some of them occuring before birth, some during birth, and some shortly thereafter are recognized.

In some there are already clues to prevention, such as the effect on the child from the acquisition of German measles by the mother during pregnancy. Dietary, chemical and hormonal factors are being studied.

I believe personally that research into causes and prevention is likely to prove more fruitful over the next few years than new developments in treatment.

Although we can and should improve the environment in which the mentally retarded live, it seems unlikely that any drug or treatment is close to discovery which will improve the intelligence to a great degree. If something can be found to prevent even half of the cases of mental retardation an enormous step forward will have been taken.

19 1959

Mother Ate Properly

Holloway's Courier

WHENEVER you see a healthy, NORMAL, vigorous infant able to move around, stand and walk EARLY, you can be rather sure that its MOTHER ate properly before and during pregnancy.

Pittsburgh, Pa.

This is no longer a matter of conjecture but a matter of fact, as proved by doctors of Harvard's School of Public Health and Toronto's Department of Obstetrics and Pediatrics.

Sat. 5-23-59

Since the unborn child LIVES on the mother, it stands to reason that the KIND of child that is born is determined by WHAT the mother has eaten and drunk, and HOW it was prepared.

P. 14

Many IGNORANT people tell prospective mothers they can "eat anything," but this has long since been exploded in studies of animals and humans.

It is now KNOWN beyond doubt that where mothers ate INADEQUATELY during gestation, 95 per cent of the infants were born in POOR condition, stillborn, died hours after birth, were FEEBLE-MINDED, mentally retarded, or had cleft palates, tumors, CLUBBED FEET, crossed eyes, skin infections, or other malformations.

On the other hand, mothers with ADEQUATE diets from conception, gave birth to 87 per cent NORMAL babies, only 10 per cent had minor counts against them, and only ONE was defective.

Poor dieters had from 24 to 39 per cent difficult labor, twice as many premature births, hemorrhages, infections, 58 per cent suffered complications, convalesced more slowly, half suffered toxemia, and babies were SMALLER.

Good dieters had much more chance to BREAST-FEED their babies, their pregnancy was normal, babies were NOT sickly and forever squawling, and there was dramatically LESS bronchitis, pneumonia, rickets and convulsions.

Is there any MYSTERY about what is an ADEQUATE diet before and during pregnancy? Not at all. It is quite simple . . . plenty of certified raw milk, broiled (not fried) meats and poultry, fresh eggs, brewer's yeast, fresh green salads, wheat germ, soybeans, whole-wheat (not white) bread, unsalted butter, UNPOLISHED rice, lightly steamed vegetables.

County Polio Rate Exceeds 1958 Figures, Report Shows

Advertiser Montgomery, Ala. 5-11-59

The Montgomery County health office released figures Friday showing that the county polio rate this year has already exceeded the rate for 1958.

Dr. Douglas L. Cannon said that eight cases have been recorded this year, compared to only six last year.

Alabama Health Department officials said that the rate across the state is running four times that of the same period last year. According to them, polio claimed six more victims in the state state this week, making a total of 25 for the year.

Only one of the victims this year had received Salk anti-polio vaccine and that one had only one injection. With the pickup in polio, the state health department and Dr. Cannon urged all persons up to age 40 who have not been inoculated against the disease to take the shots.

Protection given by Salk vaccine has been clearly shown during the past three years, said Dr. W. H. Y. Smith, director of the Bureau of Preventable Diseases of the Alabama Health Dept. He said that where the vaccine does not prevent polio it may prevent paralysis.

Dr. Smith said that records show that if polio develops in a person inoculated against the disease that the chances are about four to one that it will be non-paralytic.

Calhoun County reported four of this week's cases and the other two were in Montgomery.

For the eight cases in the county this year, seven had received no polio shots and one had taken the series in 1957 according to Dr. Cannon. He said that seven showed evidence of paralysis and the condition of the eighth has not been fully determined.

The ages of the eight range between 16 months and 35 years he said. The doctor listed four as white and four as Negro, and evenly distributed in rural and urban areas.

The health officer said that the county health department only gives the vaccine to children no older than elementary school age and to pregnant women. He said others desiring shots can get them from their private physicians.

The doctor also said the vaccine supply is plentiful.

BACTERIAL DEATHS REPORTED ON RISE

Times p31M New York

Once 'Harmless' Germs Now a Threat, Harvard Team Tells Physicians' Parley

Thurs. 5-7-59

By ROBERT K. PLUMB

Special to The New York Times.

ATLANTIC CITY, May 6—Bacteria that used to be considered relatively harmless for humans are now, in an age with the wide use of antibiotic drugs, causing serious diseases and deaths.

The situation, reported here today at the close of the seventy-second annual meeting of the Association of American Physicians, was said to be an alarming one for hospitals.

It is not just the widely known antibiotic-resistant staphylococcus aureus that is a threat now, it was reported. Two bacteria—aerobacter and pseudomonas—that used to cause illness in humans only rarely, are now appearing as the cause of severe disease or death.

These conclusions were reported by a team of three physicians from the Boston City Hospital. The report was presented by Dr. Maxwell Finland of the Harvard Medical School. Associated with him in the study were Dr. Wilfred F. Jones Jr. and Dr. Mildred W. Barnes.

Dr. Finland said that his group had worked night and day for three years in a study of 10,000 deaths that occurred in the hospital between 1935 and 1959. In the twenty-four years, between 300 and 600 patients who died each year

were found at autopsy to have had severe bacterial infections. The type of bacteria present was identified.

Accurate Records Kept

The study is unusual, Dr. Finland said, because of long and accurate record-keeping at Boston City Hospital and because the same trained team was on hand during the period.

The year 1935 was selected as representative of hospital experience before sulfa drugs were introduced, and comparisons were made with present-day experience.

In general, Dr. Finland noted, the use of antibiotics has brought about a marked drop in the number of serious infections due to streptococcal or pneumococcal organisms. But in recent years there has been a great increase in infections and deaths associated with other infectious agents—organisms that formerly were believed of little harm to man.

The net result, he reported, is that there was a drop in the number of deaths associated with bacteria through 1947. However, this has been followed by an increase in bacterial deaths. Now a greater number of people have profound bacterial infections in the blood, lungs, gastrointestinal tract and other body areas.

More people with bacterial infections die today of septicemia, or "blood poisoning," than died before antibiotics were introduced, Dr. Finland said.

Fultz Quads Mark 13th Birthday

Journal & Guide Norfolk Va. Sat. 6-27-59

The Fultz Quadruplets of Reidsville, N. C., celebrated their 13th birthday recently with a gala party. The girls prepared Pet Milk "No Cook" Ice Cream Sauces for a "do-it-yourself" ice cream bar, a popular feature at the party. In addition to delicious refreshments, festivities included lots of games and prizes.

The Quads are shown above as they blew out 13 candles on a beautifully decorated three-tiered birthday cake. With four healthy puffs, the candles were all blown out, and it was obvious that four wishes were bound to come true. Then, it was "turn-about" for birthday presents, with guests on the receiving end! The Quads presented each girl with a lovely necklace, and each boy received a baseball.

munization programs of their own, but the county health department provides the vaccine for about 20 civic associations.

Polio Increase To Cost Foundation Much More

Daily World Atlanta Ga Thurs 7-23-59 p. 16

WASHINGTON (UPI)—The current sharp rise in polio cases will increase expenditures for patient care by the National Foundation to nearly 20 million dollars this year, a foundation official estimated Saturday.

Melvin A. Glasser, the organization's executive vice president, said the epidemic at Des Moines, Iowa, is costing about $9,000 a week.

He predicted that the incidence of polio this year will be the highest since 1955.

Glasser's report followed a conference with Dr. Arthur S. Flemming, Secretary of Health, Education and Welfare, and Deputy Surgeon General John B. Porterfield. All three urged the public to take full advantage of the Salk polio vaccine.

CAN BE PREVENTED

Flemming reported earlier this week that there have been more than twice as many new cases of paralytic polio this year than during the same period last year. Most of the victims had not been vaccinated, he said.

"Polio epidemics can eventually be prevented throughout the nation by full use of the Salk vaccine," Glasser said. "But as long as more than half of all Americans have had no vaccine at all, and millions more have not completed the full series of three shots, paralytic polio remains a real threat."

Hardest hit in the polio outbreaks have been those in the lower income groups, who can least afford an illness, according to health service and foundation surveys. Glasser urged that the vaccination program be stepped up in poorer neighborhoods.

Rare Mishap At Oak Ridge Aids Doctors

Herald Tribune New York Mon. 6-15-59 p. 16

Men Involved Year Ago Still Under Study

OAK RIDGE, Tenn., June 14 (UPI).—One year ago Tuesday eight men working at Oak Ridge's sprawling Y-12 plant saw a blue flash and smelled a sweetish odor.

They had just become victims of an industrial radiation accident, a rare by-product of the atomic age.

Three of them, who were farthest from the fifty-five-gallon drum when it started acting as a reactor, received negligible doses of radiation.

But the five others were closer. They were exposed to what Dr. Marshall Brucer, medical director of the Oak Ridge Institute of Nuclear Studies, calls the "exceedingly dangerous range."

"Important" Accident

"It was a very important accident," Dr. Brucer said. "It was the first time we could determine the exact dosages received."

"This accident is a guide," he added. "It is much more important than those five men."

So these five, whose names will remain a closely guarded secret by the Atomic Energy Commission, have become a measuring stick in the treatment of radiation sickness.

The men have little concern with their accidental contribution to medical progress. They are back at work and well, according to Dr. Brucer, although he concedes there is no way for him to tell what the future might hold for them.

In a booklet he wrote on the accident, Dr. Brucer used the "rad," a symbol of radiation emission, for measuring the dosage in figures.

He wrote that, in general terms, a person who receives less than 250 rads needs little but reassurance and that a person who receives more than 1,000 rads will usually be past help.

Bone-Marrow Technique

In the 250-1,000 range, the physician can be of the greatest help, although if the patient has received less than 500 rads he is usually in more danger from complications which are usually treatable.

Dr. Brucer will not say that there has been any breakthrough in the treatment of patients who are exposed in the critical 500-1,000 rad stage. But he does concede that there may be hope in a process called bone marrow replacement.

Radiation kills the ability of bone marrow to reproduce blood and has been tried, along with bone-marrow replacement, as an experimental treatment for leukemia.

The bone-marrow replacement was tried on six persons who were exposed at the Boris Kildrich Institute on Nuclear Sciences in Vinca, Yugoslavia.

One Dead, 5 Convalescing

One died of complications, possibly not related to radiation. The other five are convalescing.

"It is too soon to tell if the transplant is successful," Dr. Brucer said. "I think it is, but others disagree.

"The radiation accidents at Oak Ridge, Los Alamos, and in Yugoslavia have also shown another encouraging sign.

"We are learning from these accidents that it takes a lot more radiation to cause acute damage than was thought before," Dr. Brucer said.

Few Victims in D. C. Area

Polio Cases in U. S. About Double The Total at This Time Last Season

Washington, D. C. Post p. B-1 Thurs. 7-23-59

By Nate Haseltine
Staff Reporter

Though not evident locally, the United States may be going through its worst polio season since introduction of the Salk vaccine in 1955.

New cases of the paralyzing disease are increasing weekly, as expected at this time of year, but the tolls are running about twice those of last season.

So far, only two polio cases have been recorded in Washington this year. Both were late reportings of residual paralysis from the past rather than the present polio season. Only two new cases have been reported from the outlying areas.

D. C. Health Department staff officers met yesterday to map out polio-fighting plans. They recommended:

• A fourth polio shot for anyone given his or her third injection more than a year ago.

• Administration of the new four-way vaccine, protective against polio, diptheria, whooping cough and lockjaw, to all infants handled in the department's Bureau of Maternal and Child Health Services.

• Opening, on a date to be announced shortly, of an evening clinic for polio immunization at the Berrett School, at 14th and Q sts. nw., for District needy unable to take advantage of noontime clinics.

• Continuation of Friday noon clinics at the Berrett School, and Wednesday noon clinics at the Southwest Health Center, Delaware and I sts. sw.

In Alexandria, where the first two new polio cases of the season were reported this week, the city health department offers no free injections other than through its well-baby clinics.

No new cases have been reported this year in Arlington or Fairfax Counties, Va., or in Prince Georges or Montgomery Counties, Md.

The Arlington Health Department provides injections at $1 each for county residents on Mondays, 2 to 4 p. m., and Tuesdays, 6 to 8 p. m., at the Health Department, 1800 N. Edison st., and on Thursdays, 2:30 to 4:30 p. m., at the County Health Center at 3110 Columbia pike.

Fairfax County and the city of Falls Church, have no im-

19 1959

A Big Campaign Scheduled

Georgia Heart Fund Leaders Named

The Georgia Heart Association has announced that W. L. Calloway, L. D. Milton, Dr. R. C. Hackney and Jesse O. Thomas have accepted leadership to serve as general chairman and co-general chairmen respectively for the 1959 Heart Fund drive.

The drive this year will be conducted February 9-22 and will conclude with the annual Heart Fund Sunday conducted by an army of parents and public spirited citizens.

Tonight at 7:30 o'clock at the Butler Street YMCA, the opening planning conference will be held, at which time the chairmen and captains of the various divisions will get together at a specially arranged dinner to discuss plans and procedures for the drive. Dr. J. Gordon Barrow, president of the Georgia Heart Association, will be the principal speaker. Also in attendance will be M. L. Beck, executive director, and Annie Fligg, campaign director of the 1959 Heart Fund.

According to the latest medical surveys, approximately 56 per cent of all deaths occurring in the United States during the year of 1958 were attributed to diseases of the heart and blood vessels, these diseases causing one out of every two deaths, and taking a total of over 800,000 lives in the U.S. last year. It is obvious from these facts that the need for a greatly enlarged research, preventive and treatment program is increasingly in demand. Whereas most of the other major diseases which have plagued our civilization are gradually being brought under control, diseases of the heart and blood vessels are on the increase and indications are that this trend will continue under the stresses and strains of present-day accelerated living.

The Heart Fund is making a great contribution in its efforts to alleviate and reduce incidence of crippling and death from diseases of the heart. Research has been tremendously stepped up into the two leading causes of these diseases of the heart. Research has been tremendously stepped up into the two leading causes of these diseases, namely, atherosclerosis and high blood pressure. Five new hospitals have been opened to provide treatment of patients, especially prematurely born children who are more susceptible to heart diseases. The fund is also sponsoring research study for two Negro physicians at Emory University. New drugs, heart-lung machines and prevention of rheumatic fever and bacterial infections of the heart are other major advances which have been achieved through increased funds provided through Heart Fund campaigns.

The public is asked to join in this mammoth fight that challenges our communities.

At tonight's planning conference the following chairmen and captains of the various divisions in the drive will complete their organizations for the 1959 campaign:

Special Gifts: Jesse Hill, Jr., chairman; William L. Dawson, Mrs. Lottie Harris and J. H. Calhoun, captains.

Churches and Social Agencies: Mrs. J. S. Flipper, chairman; Rev. W. M. Jackson, Rev. E. R. Searcy, Rev. J. R. Hurley, Mrs. Clara I. Wilson, Mrs. Grace T. Hamilton, captains.

Professional Division: Dr. C. F. Goosby, chairman; Dr. A. M. Davis, Dr. R. C. Hackney, Atty. R. E. Thomas, Jr., Mrs. R. A. Billings captains.

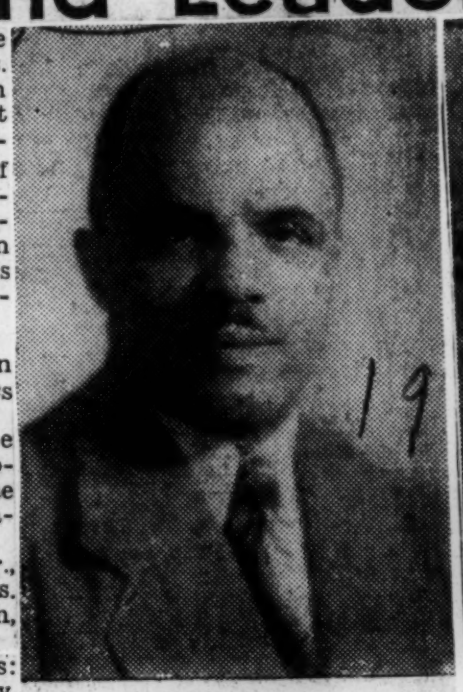
Colleges: Mrs. Josephine D. Murphy, chairman; Dr. T. D. Jarrett, Eddie Laws, Dr. E. A. Jones, captains.

Schools: J. H. Bohannon and A. J. Lewis, II, chairmen.

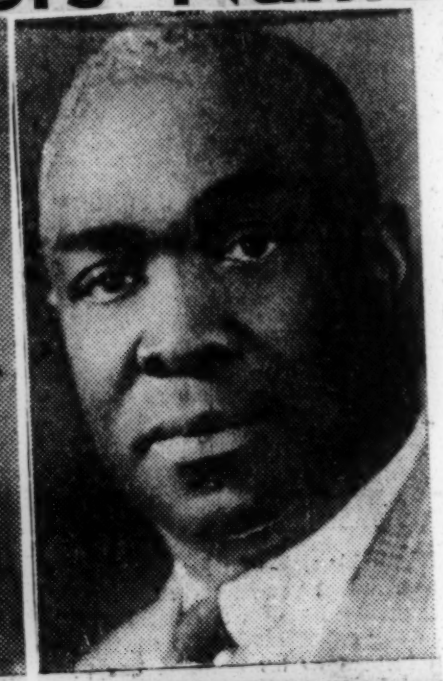
Heart Sunday: Mrs. Mildred Fielder, chairman.

Business Division: T. M. Alexander, Sr., chairman; J. T. Bickers, W. C. Peden, Carl Brown, Ted Lewis, Mrs. Buehler B. Hunter, A. V. Jett, Charles Atkinson, Mrs. Mable Hawk, Atty. Cassandra Maxwell, Mrs. Birdie Wallace, Miss Ruth Rush, Dr. C. Clayton Powell, Mrs. Hilda Wilson, captains.

Publicity: Russell Simmons and Mrs. Gertrude Nelson.

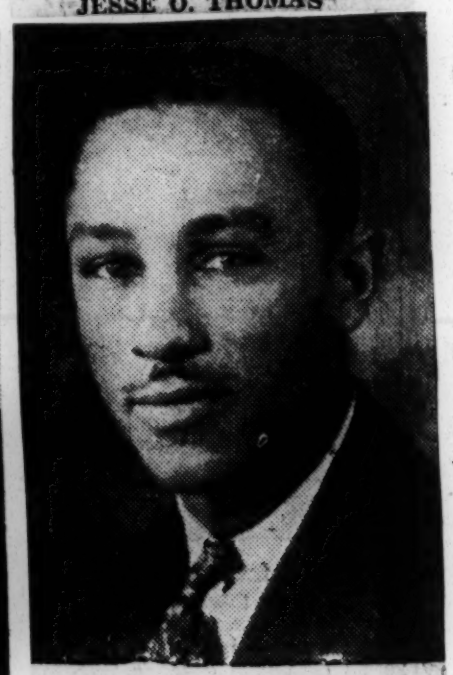


L. D. MILTON



JESSE O. THOMAS

DR. R. C. HACKNEY



W. L. CALLOWAY

High Cost Of Illness

ON OUR front page we are printing an article by Miss SYLVIA PORTER, an experienced student of social affairs and economics, writer for a large syndicate of newspapers. Miss PORTER discusses the subject of medical costs during these days.

Her article is self-explanatory. The JOURNAL AND GUIDE wishes to add endorsement of what she says concerning health insurance.

It is generally recognized that the cost of medical treatment in or out of hospitals is the result of rising costs in production of drugs and in changed policies on the part of physicians and hospitals.

* * *

The average local hospital figures that it costs an average of $20 per day to bed and board a patient in the ward. These costs include many items which do not occur to the layman. People generally do not understand what it costs a hospital to maintain nursing services around the clock, for example. There you have three 8-hour shifts, each drawing standard wages set by organizations over which the hospitals have no control.

The item of food is also one over which the hospital has no control. Everyone is aware that food prices have soared during the past year or so. Then there are the items of heat and light and water, all of which are out of this world as compared with a few years ago.

The doctors base their charges largely upon present-day service and living costs. They render better service and maintain good standards of living, all of which costs money. The old-fashioned horse-and-buggy doctor, who made a call five miles out for $2 is extinct. A night call now is $5 to $10 if one is able to get a doctor at night. A day call is based on a lower charge, and again if one is able to get a doctor to leave his office full of patients and go out for a day call.

The solution is more health insurance. Everyone should examine whatever insurance he has and double it because everyone is likely to get sick.

Medical costs are not likely to fall to a lower level. On the other hand they will rise, as will everything else necessary to life.

The best way to be ready is to increase hospitalization and health insurance. Everyone should do this now.

Begin Health Survey of Nashville; Project Will Sample 3,000 Families

The Nashville Health Survey, sponsored by the Tennessee Department of Public Health, Dr R H Hutcheson Commissioner, and the Davidson County Health Department, Dr John J Lentz, Director, was started on Monday January 19 and will continue for a period of about six weeks. About 10 families will be interviewed each day, Monday through Friday. The cost of this survey is being underwritten by the United States Public Health Service.

The purpose of this survey, which has been approved by the Nashville Academy of Medicine, representing the doctors of Nashville and Davidson County, is to determine the health status of residents of Nashville and its immediate suburban fringe.

The survey will be made on about a five per cent sample of the population, comprising some 3,000 families with an estimated 10,000 people. The sample has been selected at random, according to residence, by approved statistical methods so that the findings on the 3,000 families should be representative of the whole population.

The survey will be done by trained interviewers who will visit the selected families in their homes. All the interviewers will be female and will carry identification cards from the Davidson County Health Department, with their photographs, signatures and other pertinent information. The interview will take about an hour during which a questionnaire will be completed to obtain information about each member of the family. Wherever possible, the female head of the household, the mother of the family will be interviewed. All information given will be strictly confidential.

Dr Lentz and Dr Hutcheson join in urging the people of Nashville to cooperate in this survey because its ultimate objective is to improve the health of the community.

American Invention

'Atomic Knife' Is Used In Operation On Brain

STOCKHOLM (AP) — Swedish surgeons using an American-invented "atomic knife" report they have successfully performed the first brain operation in history without opening the skull.

Confirming in radio and television interviews a story first published here, local papers, members of the operating team gave this account:

Patient Cured.

A 55-year-old man, suffering from serious mental depression, was cured and a piece of brain tissue removed without a scalpel or other traditional instruments. All were replaced by the invisible atomic knife—a proton ray.

The operation was performed by a team of brain surgeons and nuclear scientists at the Gustaf Werner Institute for Nuclear Chemistry at Uppsala some time ago.

Experiments with the use of a proton ray as a surgical instrument were first made at the University of California, Berkeley. In 1953, American research workers reported they had succeeded in removing cancer tumors from mice by the means of proton rays.

The Swedish team, under the leadership of Prof. Theodor Svedberg, Sweden's top nuclear scientist and Nobel Prize winner—made a long series of experiments on animals before the method was applied to man.

Rays of protons, the positive-charge unit of the atom nucleus, penetrated the brain of the ill man in 18 different directions during the two-hour operation, said Prof. Bror Rexed, of Uppsala University, one of the six-man team.

Focused On Tissue

The proton rays were focused on the issue which caused the disease. A piece of brain tissue three millimeters thick was destroyed by the concentration of rays, this expert explained. Not a drop of blood was spilled and no incision in the skin or bone was made.

Prof. Lars Leksell of Lund University led the operation through television from an isolated room next to the operation room, to avoid the risk of atomic radiation. The atomic knife, the proton ray, was supplied by the synchrocyclotron of the institute, one of the only two in the world suitable for this kind of operation. The other is at Berkeley.

During the operation the patient was alone in the operation room under the "eye" of the proton beam, watched on television by the chief surgeon and his assistants.

The patient recovered quickly after the operation and could leave the hospital two days later. A similar operation carried out by orthodox means, lobotomy, would have required weeks of preparation and a long period for recovery.

Prof. Leksell said he expects the new method can be applied in special cases to ease chronic pains, for treatment of Parkinson's disease and certain mental illnesses.

Vet. Administration Reveals Frozen Bone Marrow Success

Successful preservation of living bone marrow cells in a frozen state for life-saving use in persons exposed to radiation has been announced by Veterans Administration.

The accomplishment by r research group at the Long Beach, Calif., VA hospital will for the first time make possible bone marrow storage in hospitals, VA said.

Dr. Nathaniel B. Kurnick, chief of the VA hospital's hematology service, who heads the group, said intravenous injection of the stored marrow has produced dramatic improvement in low blood counts of cancer patients following radiation therapy and could be equally useful for persons exposed to radiation injury in nuclear accidents.

Dr. Kurnick said the marrow stored and administered to the cancer patient following radiation therapy is the patient's own. Because of the immune reaction which each human being develops against the cells and tissues of others, doctors have not been able to transplant healthy bone marrow cells from one person to another except in identical twins.

Bone marrow was taken from four cancer patients at the hospital, Dr. Kurnick said.

The marrow was slowly frozen in glycerol to keep ice crystals at a minimum and was maintained at minus 79 degrees Centigrade.

In this manner, the living marrow cells may be stored for at least a year and perhaps indefinitely, Dr. Kurnick said.

After radiation therapy, when the patients' blood showed a dangerously low level of vital elements because of injury to the marrow, the preserved marrow was brought back t onormal temperature and injected.

No adverse reactions to the injections were noted, Dr. Kurnick said.

Dr. Kurnick said vigorous growth of new bone marrow cells was noted within weeks

Le Auld Acquaintance Clu
met in the home of M
and Mrs. Henry Friday. Th
guests were Mr. and Mrs. Jame
Kay. The next meeting will b
held in the home of Mrs. Franc
Knight of Pembroke, Ky. Mr

past, Dr. Kurnick believes.

from very, slowly, he said.

With use of the injection of

tored marrow, cancer patients

can be treated much more in-

tensively with radiation than has

been thought advisable in the

The study was supported in

part by a grant from the United

States Public Health Service.

19 1959

GENERAL

FAMILY LIFE AIM OF U. S. WELFARE

New Approach Outlined by Flemming Follows Advice of Child Authorities

By BESS FURMAN
Special to The New York Times.

WASHINGTON, April 2—Arthur S. Flemming said today that all programs and regulations in his department would be keyed to strengthening family life.

In this connection, the Secretary of Health, Education and Welfare said his staff will draft a definition of "the family-centered approach," which child experts advice. All the department's policies will be brought into line with the definition.

Mr. Flemming addressed the biennial meeting of the Family Service Association of America.

While there is general agreement that community and public welfare programs should seek to benefit families as a whole, he said, there is no clear understanding of what this means. He promised to furnish delegates with the department's definition when it was worked out.

Says Burden Must Be Shared

He told the association, which consists of 285 voluntary family service groups, that public and private agencies must assume a fair share of the burden in assisting needy families.

Four pressing questions must be solved, he said.

¶Should the Government provide hospital benefits to persons getting old-age and survivors' assistance? The department will report to Congress on this subject in a few days, the Secretary said.

¶Should the Government aid states in providing general assistance?

¶Should residence requirements for assistance be removed?

¶Should the Government train more welfare personnel?

Mr. Flemming said recent studies had convinced him that while his department was committed to the family-centered approach, some programs and regulations "tend to veer away from such an approach."

Pending bills to provide hospital benefits to retired persons call for basic decisions that will have far-reaching effects in the welfare field at all Government levels, he explained.

He asked that all delegates get copies of the department's report and study it.

"In the report we do not take a stand," he said. "We will present the department's and the Administration's views when we testify. We will consider very carefully before we recommend."

Federal Aid an Issue

The matter of Federal aid to states in the field of general assistance, he said, is "an unresolved issue with which we must come to grips; we cannot evade it."

Federal aid is provided in public assistance now to the aging, dependent children, the totally disabled and the blind. Persons not in those categories are aided by state and local funds only.

The delegates applauded Mr. Flemming's statmenet that he did not think state residence requirements for assistance made sense and that he hoped they would be removed.

More Federal help in training professional personnel is needed, he said, and he hopes Congress will provide funds for it.

He told the delegates he would welcome their views on all these subjects.

"The Government must work in hand as partners with family agencies to meet the increasing modern pressures on the family," he said.

Jay L. Roney, director of the Bureau of Public Assistance, said the department was considering a new national welfare policy for working mothers.

"The key question is whether a mother's first responsibility is to work in order to support her children, or to stay home and provide them with a strong family life," he said.

A program that would encourage states to make it possible for more mothers to stay at home with their children is under study, he added.

Controversy Over Blood Of Mixed Races Is Not Settled

The Talladega Daily Home
Talladega, Ala.
Feb 11 1959

NEW YORK (AP)— Controversy was crackling in Columbia University scientific circles today over a suggestion that blood transfusions be made on a racially-classified basis.

"It has aroused great interest," said a spokesman for Columbia Presbyterian Medical Center. "They're talking about it. But nobody is swinging his fists at anybody else."

The stir arose over the views of Dr. John Scudder, aired last Friday at Chicago, contending that transfusions generally would be safer if the donor and patient were of the same race.

"This may sound wrong sociologically, but it is scientifically correct," said Scudder, assistant professor of clinical surgery at the Columbia Medical College.

Dr. Howard Levene, professor of biometrics, commented: "The conclusion drawn that interracial transfusions are undesirable, and that transfusions should be given within a race, is simply not correct."

Presbyterian Hospital, affiliated with Columbia, sought to calm the waters in a statement Wednesday night saying it matches blood only on the basis of "medical compatability." It added regarding Scudder:

'His views, of course, command deliberate, earnest consideration."

He maintained that blood variations are fewer within members of the same race, than between racial groups, and that dangers of "sensitization' were less if a patient got blood from his own race.

A "sensitized' person is one who, because of anti-bodies set up by one transfusion, may have serious or fatal reactions if the same blood is given again.

Dr. Richard E. Rosenfield, a members of Columbia's seminar on genetics and director of Mt. Sinai Hospital's blood bank, said there was "no data, nothing at all" to support Scudder's conclusions.

Scientists on both sides of the question say that there is no such thing as uniformly distinctive Negro, white or Asiatic blood, but that various properties do occur more frequently in some racial groups than others.

In other words, blood is much like a person's fingerprints. No two people—unless they are identical twins—have blood exactly alike. Yet tendencies for certain characteristics show up in racial groups.

For instance, such clinically designated properties as the rare, so-called "kell" and "dufy" factors show up more often in whites than Negroes, while the "kid" factors show up more often in Negroes than whites.

Consequently, doctors said, a "dufy negative" white man would stand a better chance of getting right-matching blood from a Negro. But if he is "kid negative," it would be statistically better if the blood came from a white.

"There are some factors tending to make transfusions within races the best, and other factors that suggest it is better if the races are different," Levine said. "These considerations more or less cancel out."

However, Dr. A. B. Bhonslay and Dr. Aaron Himelstein, both members of the Columbia Medical staff joined Scudder in the thesis that racially matched would —on the average—make for closer matches.

Ordinarily, the authorities agree the subsidiary factors make no difference in transfusions, and checking all the minor factors would throttle the process of matching major factors.

Race-To-Race Blood Policy Is Challenged

The News and Courier P. 10-B
Charleston, S. C.
Feb 11 1959

NEW YORK (AP) — Advocacy of a race-to-race policy in blood transfusions is challenged by seven members of the Columbia University Seminar on Genetics and the Evolution of Man.

The seven took exception Monday night to a paper by Dr. John Scudder, an assistant professor at Columbia College of Physicians and Surgeons.

The paper was read last Friday at a meeting of the American Assn. of Blood Banks at Chicago. The paper was signed also by Drs. A. B. Bhonslay and Aaron Himmelstein of Columbia.

The paper developed the thesis that because of variations in the blood of races, less danger is involved in a transfusion if the donor and recipient of blood are of the same race.

The seminar members declared in their dissent: "The only criterion any reputable doctor or hospital dare safely employ in blood transfusion is whether the blood itself is of the right type, and not from whom it came."

They said the paper read in Chicago, by referring to a "new philosophy," emphasized the well-known fact that different races might differ in the relative number of persons carrying different blood group genes.

"No new evidence was reported and the so-called 'new philosophy' serves no purpose except to reinforce the old 'philosophy' of race prejudice which has been shown repeatedly to rest on ignorance rather than on biological or medical knowledge," they added.

19 1959

Wichita Woman As Pharmacist For Drug Firm

19 5

WICHITA, Kas. — Mrs. Fern Barlow Dunn made history here recently when she became the first woman of her race to be employed as a pharmacist by a privately owned concern in Wichita.

Mrs. Dunn, who lives at 2002 E Murdock, was hired by the University Pharmacy, 13th and Hillside. For the last two years, she had been employed as a pharmacist at the St. Francis hospital.

Mrs. Dunn is a graduate of Creighton university in Omaha, Neb. She is affiliated with the American Pharmaceutical association, the Sedgwick County Pharmaceutical association, the American Society of Hospital Pharmacists, the American Chemical Society and the Delta Sigma Theta sorority.

The woman pharmacist is married to Melvyn Dunn. They have one daughter, Scheryl. Mrs. Dunn is the daughter of Mrs. Sarah Barlow.

MRS. FERN BARLOW DUNN

Negroes Steadily Outliving Whites

More Negroes than whites are being born in Mississippi and they are steadily outliving the whites, a summary reported by the State Board of Health showed today.

A vital statistics summary prepared by Margaret E. Rise of the board of health showed a total of 24,065 non-white live births during the first nine months of 1958. During the same period 19,744 live white births were recorded.

The summary breaks the races down only as far as white and non-white, but non-whites in the state are primarily Negroes.

Non-white deaths were slightly fewer, the report showed than whites. The board of health recorded a total of 7,942 white deaths and 7,845 non-white deaths.

More than twice as many non-white children of less than one year of age died than whites. The record for the nine months period showed 1,186 to 541.

Non-white deaths also led in syphilis deaths with 25 to nine for white; dysentery, 15 to seven; diphtheria, one to none; whopping cough, nine to none; measles, 1 to five; various anemias, 29 to 15; influenza, 116 to 62; pneumonia, 324 to 219; diarrhea, 103 to 29; nephritis, 154 to 75; maternal deaths, 38 to five; diseases of early infancy, 465 to 336; and tuberculosis, 69 to 52.

Deaths of white persons as a result of heart disease and auto accidents far outnumbered those among non-whites.

The summary showed 2,907 white persons and 1,910 Negroes died of heart disease during the period. Auto accidents killed 277 whites and 124 non-whites.

Leukemia like diseases killed 1,070 whites and 723 non-whites.

Each race claimed one death from scarlet fever but neither reported fatal illnesses of typhoid fever, smallpox nor malaria.

19 1959

PAN AMERICAN HEALTH ORGANIZATION

755 Study On Pan-Am Health Fellowships

WASHINGTON, D. C. — The Pan American Health Organization sponsored advanced medical studies for 755 public health technicians from throughout the Americas during the past 18 months, according to PAHO officials.

Almost a million dollars—$898,305—was spent during 1958 alone under the PAHO-administered fellowships program to give this specialized training to health workers.

Some 2,878 awards were made between 1947, when the fellowships program was launched, to June of this year. In 1958 there were 891 grants. Fellows came from every part of the hemisphere.

WORLD WIDE

The fellowships project for the Americas is leagued with the world-wide education and training program for public health personnel carried out by the World Health Organization through six regional offices. PAHO serves as that office for the Americas.

A WHO study group recently meeting in Geneva reported the global fellowships program sent 10,000 public health technicians—doctors, nurses, sanitary engineers, nutritionists and other workers — from 155 areas to study in 122 nations and territories outside their own.

Through this program the Organization gives training abroad in fields not considered adequately advanced in the home country of the fellow. As the aim is to strengthen basic national public health services, health workers are recommended for overseas study by their governments.

Some of the hemisphere's most distinguished institutions of learning regularly receive the health organization's fellows. Grants cover tuition, books and supplies, transportation and living allowance.

Awards are for study in public health administration, environmental sanitation, nursing, maternal and child health, mental health and child guidance, health education, occupational health, nutrition and dietetics, health statistics, dental care and hygiene, rehabilitation, control of pharmaceutical preparations, communicable disease, medical sciences and medical education, and clinical medicine.

19a 1959

SCHOOLS WARNED ON ADULT COURSES

The New York Times

State Says Programs Must Avoid 'Bizarre Offerings' That Cater to the Bored

New York

Special to The New York Times.

ALBANY, Nov. 6—The State Education Department warned local school systems today that their courses they offered for should be "solidly educational."

"A potpourri of bizarre offerings that cater to the whims of bored adults will not suffice," a new departmental handbook on adult education observed.

Adult education programs have become increasingly controversial in some school districts in recent years, as education budgets and tax rates have climbed.

The most severe criticism has been directed at programs offering courses in fencing, folk dancing, gourmet cookery, ceramics and the like.

The education department was careful to point out that it had not authorized state aid for courses that it considered recreation or athletics for the last nine years. Districts can still finance such courses on their own if they wish.

Handbook Issued

The department made public a report on adult education, consisting of a police statement by a council of citizens and a handbook designed to help local schools in devising sound programs.

The advisory council urged that local appropriations for adult education be considered an integral part of the school budget and not a severable expense.

Adult education, the group declared, "should not be the first item considered when reductions in educational expenditures appear to be necessar."

The handbook says the state tries to encourage certain types of adult education courses by allocating full state aid for them, even if they do not attract the minimu number of students usually required to qualify for aid.

These include Americanization for the foreign born, English, elementary and secondary school subjects, vocational classes, practical nursing, driver education, mathematics, science and foreign languages and civic and public affairs.

19a 1959

Illinois Area Receives Cancer Grants

$150,000 Given For Cancer Study

Grants amounting to $150,922.00 have been awarded for cancer research in Illinois, Edward B. Stewart, D. V. S., South Central branch crusade chairman reported.

The awards are among the 124 cancer grants amounting to more thn $2,350,000 announced by the American Cancer Society nationally.

Grants such as these are made possible by funds raised by the ACS in its nationwide April Crusade still being conducted in the South Central branch. Some $6,918 out of a goal of $14,000 has been collected so far in this area. In addition to supporting the research program of the ACS, he said, funds will also back the society's education and service programs, so it is indeed "urgent that we make our goal."

In Illinois, awards were given to the following:

Loyola university, Chicago, received an institutional research grand of $25,000 for one year. This grant is awarded to stimulate interest and participation in programs of cancer research activity on a broad, university-wide basis.

The university plans to use its institutional grant fund to encourage and develop the cancer research interests and ideas of its students and younger investigators.

Dr. Carl C. Lindergren, professor and chairman of the department of microbiology and director of Biological Research Laboratory, Southern Illinois university, Carbondale, received $13,512 for one year for study of chromosomes and genes.

Dr. Salvatore Luria, professor of bacteriology, University of Illinois, Urbana, received $19,720 for one year to study animal viruses and virus-controlled cellular properties.

Dr. Luria is attempting to prove the hypothesis that some viruses can cause cancer indirectly by destroying cells whose function normally suppresses the tendency of other cells toward cancer.

Dr. Harold A. Kaminetzky, assistant professor of obstetrics and gynecology, College of Medicine, University of Illinois, Chicago, received $7,970 for one year to study experimental abnormalities of the uterine cervix.

Dr. Chiadao Chen, associate professor of bio-chemistry, Northwestern University Medical school, received a grant of $25,735 for 20 months to attempt to prepare a synthetic hormone which could be used to treat breast tumors. Some patients with breast cancer are successfully treated with either male or female sex hormones.

Dr. Birgit Vennesland, professor of bio-chemistry, University of Chicago, received $13,547 for one year to study metabolic mechanisms, that is, how the body converts food into energy for the maintenance of life. Particular attention will be paid to certain biochemical reactions which resemble the conversion of normal to cancer cells.

David M. Freifelder, graduate student in biophysics, University of Chicago, Chicago received a post doctoral fellowship Oct. 1 at Cambridge university, England. He expects to receive the Ph. D degree in biophysics in Sept. 1959.

Freifelder's research plans have the ultimate objective of improving treatment of cancer patients by means of radiation and radioactive substances and to determine some of the principles underlying cell division.

Research associate in Medicine, University of Chicago, received postdoctoral fellowship of $16,000 for two years beginning July 1 at Western Reserve university.

Cancer Society In $5,000 Grant To Atlanta Help Home

The American Cancer Society's Georgia Division has made a grant of $5,000 to Our Lady of Perpetual Help Home in Atlanta which offers free care for incurable cancer patients from throughout Georgia.

McKee Nunnally, president of the Georgia Division, said the Cancer Society makes a sizable grant to the home each year as a part of its program of services to needy cancer patients.

In accepting the grant, Sister Mary Evangelist, Mother Superior of Our Lady of Perpetual Help, said, "We have been watching with interest the great progress made in research work on cancer and hope in the not too far distant future that our work for terminal cancer patients will no longer be necessary Nevertheless, while it still is necessary, we do appreciate your remembering our work even as you march on to greater victories."

Sister Evangelist offered the Cancer Society assurance of "the prayers of both our patients and sisters for all of you engaged in this most important work."

The home, operated by the Sisters of Mercy of the Catholic Church, is supported by public contributions. Since it was established in Atlanta in 1930 the home has cared for 4,558 patients of whom 600 were Catholics. Of the patients 1,781 were men, 2,777 women; 3,023 were white, 1535 Negro.

As long as there is space in the 75 beds of the home no incurable cancer patient is refused aid if he or she is of sound mind.

"The American Cancer Society is very proud to have a part in the wonderful work of this home and the 17 dedicated Sisters who care for its patients."

Plan Search Of American Homes For Cancer Causes

By CLAIRE COX

NEW YORK — (UPI) — The American Cancer Society announced Saturday plans to search American homes for clues to cancer mysteries that cannot be solved in test tubes.

The Society said it plans to launch a six-yaer, $300,000 study of more than a million Americans next fall in a program going far beyond widely publicized surveys involving the possible relationship of smoking and cancer.

This new study, described as the largest medical statistical survey attempted in this country, will be aimed at trying to discover why some persons get cancer and others do not and whether heredity and environment can be linked with the disease.

TOOTH DECAY

The Cancer Society may look into such things as baldness, tooth decay, consumption of aspirin and tranquilizers, breast feeding of babies, and standards of living as possible factors to be linked with one of the nation's worst killers.

Dr. Eugene P. Pendergras, Society president, and Dr. E. Cuyler Hammond, Society director of statistical research, told a news conference the study would require the services of 50,000 volunteer workers in the 20 most heavily populated states. States and cities to be covered will be announced later.

The program grew out of a pilot study in Harrisburg, Pa.; Cleveland, Ohio; Baltimore, Md.; Nashville, Tenn., and Tampa, Fla. The study, covering 4,000 persons, was made to test questions and survey methods and the results will not be included in the national project, which is due to start in October.

STUDY CONDITIONS

Each volunteer and his family will be surveyed, along with about 10 families he knows well enough to trace for the next six years. Only persons over 30 will be studied, and each family must include at least one person over 45.

The first and biggest step in the project will be distribution of questionnaires — blue for men and white for women.

The final form for the questionnaries has not been selected, but the preliminary drafts include questions about education, occupation, diet, the use of seasoning in food, baldness, tooth cavities, consumption of aspirin and tranquilizers and sexual activities.

FAMILY BACKGROUND

Participants will be asked whether any close relatives have died of cancer and whether they have any physical complaints themselves. Details of smoking and drinking habits also will be requested.

The subjects will fill out their own forms and mail them to the Cancer Society, where electronic brains will sort out the information and Hammond will analyze it, a procedure that might take up to three years. The names of the participants will be kept confidential.

Annually for the next six years, the volunteer workers will report any deaths in the families. The Society then will investigate the causes of the deaths.

PLAN REQUESTIONING

On alternate years, some of the million will be requestioned about recent diseases and operations and change in diet and habits.

Hammond hopes to arrange for studies of an entire labor union and all the employes of one large company as part of the project.

He said that in addition to seeking possible definite environmental causes for cancer, the Society hopes also to learn more about the first symptoms of the disease to enable development of better

He also believes that some known facts about cancer will be clarified and some beliefs will be either be confirmed or denied. Among them are beliefs that baldness or poor teeth are related to cancer.

PRINCE HALL DAYS. — In honor of the International Conference of Grand Masters, Mayor Robert F. Wagner Jr. proclaims May 13 to 15 Prince Hall days. He is shown here delivering Proclamation to Grand Master William L. Jordan. Left to right in photo, Past Grand Master Henry A. Rhodes Sr.; Mayor Robert A. Wagner Jr.; Harrison S. Jackson; William L. Jordan, grand master of Masons and Courtney Wiltshire.

Education Passion Lures Thousands of U.S. Adults

By DR. BENJAMIN FINE
North American Newspaper Alliance

NEW YORK, Sept. 19 — Adult education has come of age in this country.

Thirty-five million adults, an all-time high, are now taking some form of educational program. Of this number, 9,000,000 are actually enrolled in formal courses in our schools and colleges. The rest are in varied educational activities sponsored by labor, church, parent, farm or business groups.

Added to the 46,000,000 boys and girls who entered school and college this month, we have an astonishing total of 81,000,000 persons getting an education. This amounts to just about one out of every two citizens of the nation.

* * *

NOTHING comparable to this exists in any other land in the world. Recently, the United States mission to the Soviet Union reported that Russia has made education into a "grand passion." We need not apologize for our own educational program: If anything, education in the United States is more than a grand passion — it is a way of life.

"The real educational frontier of American society today is adult, continuing education," Prof. Peter F. Drucker of New York University said recently.

* * *

THE UNIVERSITY of Michigan illustrates the extent to which adult and extension courses are sponsored by the nation's institutions of higher learning. The university sponsors programs in nine cities throughout the state. At present, 15,849 adults are enrolled in 742 classroom courses. The students take courses for their own professional improvement, for vocational advancement, and for no other reason that that of getting a better education.

Something new has happened: Large numbers of adults enroll simply for cultural advancement and stimulation. Popular fields are business administration, library science, art, psychology, real estate, education and engineering.

* * *

THE SLOGAN at Michigan as well as elsewhere is: You are never too old to learn. The university enrolls students from 18 to 73. The median age for all students in the adult group is 45 years. Much of the work may be elected for graduate residence credit by qualified students, but large numbers take courses because they want to improve themselves. They are not interested in credit, degrees, certificates or any other superficial aspects of a formal education.

Dr. Richard A. Mumma, dean of the Johns Hopkins Evening College, and president of the Assn. of University Evening Colleges, said that the millions of adults who seek an education today are eager to improve themselves professionally or personally.

* * *

"THE NUMBER of adults enrolled in educational programs has grown by leaps and bounds mainly because adults appreciate the values to be gained by continuing their education," Dr. Mumma declared. "In my opinion, the voluntary involvement of millions of adults in all types of educational activities, rather than the vast number of youth enrolled, is the real phenomenon of the contemporary educational scene. It is unmatched in any country of the world, including the Soviet Union."

Several reasons for this were advanced by Dr. Ambrose Caliver, chief of the adult education section of the U.S. Education office. The population is getting bigger, he pointed out. By 1975, it is expected to reach 225,000,000 people. And the age span has increased. The number of people in the above-60 group is larger than ever before, and growing steadily.

* * *

SPUTNIK, and the excitement of the atomic and space age, have combined to make more adults curious about the world in which they live. As a result, adult education has become the most vibrant and dynamic area of American education today.

"Adult enrollments are on the upsurge everywhere," Dr. Caliver said.

A growing number of Americans give up their evenings, after a busy day's work, to study because with them education is truly a "grand passion." Americans had this passion long before the Soviet Union knew the value or meaning of education.

* * *

TAKE THE case of the Westons, typical enough of adults who go to school after work. Ira Weston is chairman of the math and science department in a New York vocational high school. Muriel Weston, a Phi Beta Kappa graduate of Hunter College, is a housewife. The oldest of their two daughters, Peggy, is a sophomore at the University of Rhode Island. Amy is in the third grade.

The Westons live in the village of Rockville Centre, a suburb of New York City. Several years ago they heard about the Great Books course. Both enrolled, and now, weekly, they attend discussion groups, they join panels and forums, and they read classics ranging from Socrates to Dewey. They meet at different homes to continue with the discussions that emanate in their class.

"I found myself stagnating," explained Muriel. "I took a course on 'how to play bridge' in the evening. That didn't satisfy me. When we heard of the Great Books program, we said: 'That's for us.' I guess I've gotten my second wind in academic life."

* * *

"YOU GET DULL if you don't get out of your own field," added Ira. "Sure it's hard work, keeping up with the great books, but it's exciting, too. I'll continue until I read all of the 100 classics."

This view is repeated, in almost similar words, by thousands of adults, from Maine to California. Americans want the intellectual challenge that adult education gives them.

When we refer to the grand passion in education, let us keep the term in its proper perspective. If any nation in the world has a "grand passion" for education, it is the United States of America.

Dr. McDonald Continues To Amaze Dental Profession

(Weekly New Orleans, La.
Sat. 10-17-59.

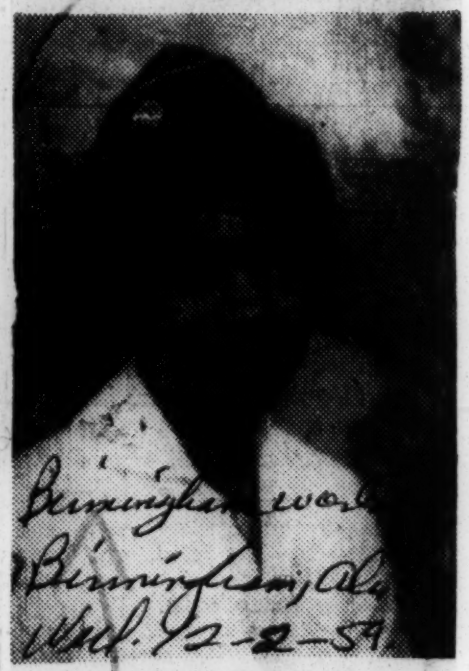
MOBILE, Ala. (Special to the La. Weekly) -- While the delegates to the Alabama State Dental Association looked on and listened, Dr. Andrew E. McDonald, internationally known dentist and clinical psychologist of New Orleans not only substituted hypnosis for anesthesia but thrilled the convention with his recent discoveries and research in the classification of psychosomatic dental patients.

Fresh from his recent appearance in Chicago, Dr. McDonald told the group that "every patient has psychosomatic components either negative or positive and the proper classification of the patient depends upon the recognition by the dental operator of the woes, the needs, and the tensions that the patient always divulges, ventilates, abreacts or gets off of his chest immediately upon sitting in the dental chair."

"From these pressures and vicissitudes, the dental operator can counsel the patient in methods and ways in which these needs and drives can be resolved or supplied and thereby make a better patient for the reception of dental services, and of the operator a more skilled and patient technician."

Dr. McDonald is a pioneer in the field of psychosomatics and hypnosis in dentistry. More than 15 years ago he startled the dental world by his techniques for the control of fear, pain, agony and suffering. His manual on psychosomatics is published in several languages and is now in the process of completing his second scientific book, "The Psychosomatic and Psychological Classification of Dental Patients."

Dental Assistant Trainee



Birmingham, Ala. World 12-2-59

MISS BILLIE JO BUSH

DENTAL TRAINEE — Miss Billie Jo Bush, talented daughter of Mr. and Mrs. Tom Bush of North Birmingham, recently became the first member of her racial group to be employed as a dental assistant trainee at the Stockham Valves and Fitting Company, it was learned.

Miss Bush was chosen on the basis of her excellent high school record thus far. Sixteen years old and an 11th grade student at Parker High School, she has served as president and parliamentarian of her class.

She was also selected as the "top scholarship and honor roll student" in her class. She attended Summer School for two summers for a promotion to an extra grade. She is a member of the D. O. Church and is a Girl Scout.

19b 1959

DENTAL HEALTH WEEK

1959 National Children's Dental Health Week Feb.

Members of the Jefferson County Dental Study Club have announced a series of activities here in connection with the "1959 National Children's Dental Health Week" project sponsored by the American Dental Association, Feb. 8 through 14.

One of those who will play a leading role in the promotion of "Children's Dental Health Week" in the Jefferson County area is Dr. Joel S. Boykin, one of the 14 active members of the Jefferson County Dental Study Club. The club is headed by Dr. John W. Nixon, who is also vice-president of Citizens Federal Savings and Loan Association.

Dr. Nixon said the club will hold its next meeting eight o'clock Friday evening, Feb. 20 at Holy Family Hospital.

The 11th annual National Children's Dental Health Week coincides with the official opening of the American Dental Association's centennial year. The JCDSC is sending speakers into the various schools, getting out literature, and developing radio material in support of the project. Dr. R. M. Howard is preparing script for a series of radio features.

In cooperation with the Jefferson County Dental Study Club, the Birmingham World today begins a series of six articles on recent developments in dentistry affecting your child.

INSTALLMENT 1

I Introduction

Dental disease is as old as man. Tooth decay is still the most widespread disease in this country, affecting perhaps 97 percent of Americans at some time during their lives.

But modern scientific research may soon change this picture. More and more reseach is being done on the causes of tooth decay and other dental diseases. At the present time research projects in dentistry are being conducted in nearly every dental school in the country as well as in other institutions.

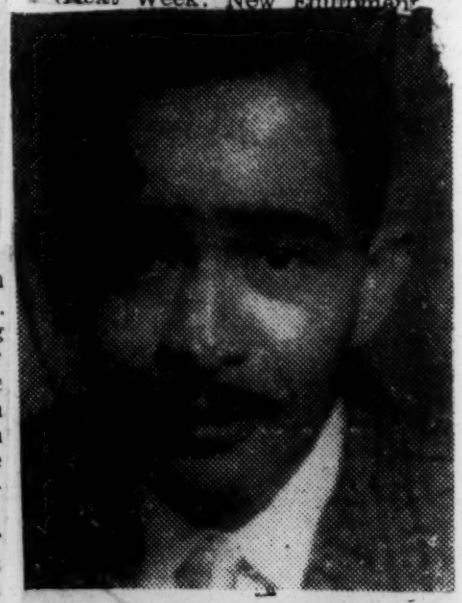
As a result of research, water fluoridation is helping to prevent decay in the teeth of thousands of American children. New scientific advances, new technics, new equipment are in progress. Various types of high speed cutting instruments for treating dental cavities are being developed. New methods of treating teeth that have been accidentally injured have been devised. Technics are being adapted so that the handicapped and the chronically ill can have the dental care they were sometimes denied in the past.

Emphasis is on prevention. It is probable that within the next few years, researchers will discover remineralizing agents that can be used to strengthen weakened enamel before cavities can start. They hope to find an effective antienzyme agent to prevent tooth decay. New filling materials will give longer-lasting protection to repaired teeth. For young adults, new approaches to checking diseases of the gums will make it possible to cut down sharply the high toll of teeth lost from such conditions as pyorrhea and gingivitis.

Ther relationship of dental disease to general disease is being studied. Researches are trying to learn more about nutrition as it is related to dental poblems.

Today's experiments are expected to become tomorrow's realities. A child born this year may eventually have a life expectancy of 100 years—and so will his teeth.

(Next Week: New Equipment



DR. JOEL S. BOYKIN

Sere S. Myers Family To Visit In New Jersey

Dr. and Mrs. Sere S. Myers and family will leave July 10 for Asbury, N. J., to visit Mrs. Myers' mother, Mrs. Dorothy Taylor, for about three weeks.

DR. SERE S. MYERS

They will return in August to Topeka, Kas., where Dr. Myers will work as a dental surgeon at the Forbes Air Force Base.

While in Kansas City, they were house guests of Dr. Myers' parents Rev. and Mrs. S. S. Myers of 2400 West Paseo.

19b 1959

Drs Riddle, Hamilton To Speak At Dental Meeting

HOUSTON — Dr Arthur J Riddle, a specialist in Oral Surgery will open the clinical session of the Gulf State Dental Association in Beaumont, Texas on Monday June 8, 1959 at 1:00 P.M., at the Paul Lawrence Dunbar Junior High School. The afternoon session will be devoted to Oral Surgery. Dr Riddle will cover two topics. The first half, he will discuss "Infections of the Face, neck and jaws of Odontogenic (teeth) Origin" and the latter half he will cover "Benign and Malignant Tumors of the Oral Cavity." He will present knoachrome slides and movies as visual aids to help illustrate some of the pathological entities that will be discussed.

Dr Riddle is a Houstonian, a graduate from the Jack Yates High School. He completed his undergraduate training at Prairie View A&M College, Texas, majoring in biology asd chemistry. He continued graduate training in biology in the graduate school, Howard University, Washington, D.C. He is also a graduate from the college of Dentistry, Howard University. He completed his intern and residency training in Oral Surgery, Freedmen's Hospital, Washington, D.C. He was affiliated with several hospitals in Washington and also a staff member in the department of Oral Surgery, College of Dentistry, Howard University.

Dr Riddle is the nephew of of Dr and Mrs A. J. Maddox. He has returned to the city as one of the specialist in Oral Surgery, one of the few in this section of the country. His practice is limited to surgery.

Dr G. E. Hamilton of Houston will speak Wednesday, June 10, at the Gulf State Dental Association in Beaumont discussing Interception Orthodontics.

Dr Hamilton, a graduate of Prairie View A & M College with a B.S. and M.S. degrees attended Howard University where he received the DD.S degree. Recently Dr Hamilton was graduated from Temple University's Advance School of Orthodontics in Philadelphia, Pennsylvania.

19c 1959 D.C.

Foe of Hospital Charges Bias

Post Washington, D.C.
Sat. 9-5-59 P.B-1 Col

By J. W. Anderson
Staff Reporter

Opponents of the proposed Holy Cross Hospital of Silver Spring faced sharp questioning yesterday by members of the Montgomery County Board of Appeals.

Stanley M. Levy, leader of the opposition and president of the Northmont Citizens Association, charged, late in a long day of testimony, that the Appeals Board was prejudiced and his association intended to appeal their expected decision.

Fred W. Tuemmler, planning and zoning consultant for the opponents, declared the 300-bed hospital would create "too great an impact for this community to absorb."

To Cost $5 Million

The hospital, to cost $5 million, is to be built by the Sisters of the Holy Cross on a 10-acre lot at Dameron dr. and Forest Glen rd., donated by the Silver Spring Hospital Association. Its sponsors are seeking the special zoning exception required to build it in a residential area.

Tuemmler said the site was too small, and the proposed parking was "inadequate."

But he conceded that none of the zoning ordinances he has drafted for various communities carry parking requirements as high as those he recommended for the Silver Spring site.

"You've changed your opinion since the last ordinance was drafted?" asked Appeals Board member William A. Quinlan.

"As a matter of fact, I have," Tuemmler replied.

Surveyed Administrators

He had prepared a survey of area hospital administrators' views on their parking problems.

Acting Board chairman Edwin L. Bright ruled it out as "entirely too flagrant a violation of the hearsay rule."

Citing parking problems he had observed at other nearby hospitals, Tuemmler declared the facilities at Suburban Hospital in Bethesda were not sufficient.

"I'm surprised at this," commented Quinlan, "because I've been there a number of times recently and on no occasion have I failed to find a parking space."

The day had oepned with traffic engineer Jack Berman testifying that the hospital's parking provisions were too small. After lengthy cross examination by the hospital's attorneys, John P. Moore and R. Robert Linowes, the Board members took up the questioning on his statistics.

Figures Called Meaningless

"Your figures, to me, are meaningless," member Joe Kyle finally told Berman. "I give up."

"It's a hopeless situation," Levy told a reporter. "I don't want to slam at the Board, but it seems they've pretty well pre-judged it."

The hearing will resume at 9 a. m. today in Rockville. The opponents' attorney J. Grahame Walker, said he would introduce two further expert witnesses.

$600,000 LAWSUIT FILED BY TULSAN

STILLWATER.—A Baptist-operated municipal hospital and the City of Stillwater were named in a $600,000 lawsuit here last week by a Tulsa man who alleged he was discriminated and denied medical treatment as he lay seriously injured following an auto mishap. The Negro man said he was denied treatment because of his race.

The suit was filed by Olen Butler, a laborer, through Stillwater attorneys Everett Berry and Leon York.

Berry said Butler was released from the hospital at Tulsa only recently after treatment there for a left elbow shattered in a two-car collision on an SH 51 detour east of Stillwater on June 7.

Butler's petition said he waited in a hallway of Municipal hospital here without treatment for his injured arm for seven hours, except a "light bandage."

The petition also stated that the manager in charge of the hospital at the time refused to admit him for treatment.

Butler's petition said the accident occurred about 11:40 a.m. and that he finally was taken by ambulance to a Tulsa hospital, where he arrived about 9 p.m.

Petition Quoted

According to the petition, the delay in treatment of the injured arm caused it to be permanently impaired. The petition said Butler suffered a compound comuted fracture at the left elbow.

A highway patrolman demanded that Butler be admitted for treatment, according to the petition. The manager on duty at time of the alleged incident was not named in the petition.

Butler seeks $250,000 each from the hospital, operated by the Baptist General Convention of Oklahoma, and the City of Stillwater, and $100,000 for "additional pain and mental anguish."

"As a citizen and resident of the state of Oklahoma he had a right to be admitted to said hospital for treatment, but he was denied said treatment solely on the grounds that he is colored and was thereby discriminated against," the petition states.

Delay Claimed

Butler's statement said that the delap in treatment made it necessary for him to undergo six weeks of skin graft treatment.

The petition also stated Butler was financially able to pay his hospital bill.

Butler was arrested on a drunk driving charge after the accident, but has not been arraigned pending his release from the hospital.

His car allegedly was over the center line of the highway and struck a pick-up truck. There were no other serious injuries. The accident occurred about four miles east of Stillwater where a highway-widening project has been under way.

Lease Cited

Filed with the petition was a copy of the lease between Stillwater and the Baptist convention for operation of the hospital which includes a clause requiring the lessee to carry insurance against "all claims of whatever nature and from whatever source."

The petition also points out that under provisions of public law 725 of the 79th congress, hospitals built with federal funds must admit all patients applying for hospitalization without discrimination as to race, color or creed.

The Municipal hospital was built 20 years ago, partly financed by federal funds. The Baptist convention leased the hospital in 1952.

19d 1959

Resigned in race row—

Administrator of Hale hospital gets new job

TUSCALOOSA, Ala., April 25—Dr. H. D. White, who resigned as administrator of Hale Memorial Hospital here several weeks ago has accepted a similar position with a California hospital.

DR. WHITE resigned after the Ku Klux Klan and Citizens Council protested repeatedly that white nurses were being required to care for Negro patients.

The KKK and council allegedly charged that white nurses were required to perform services that they said should have been done by Negro male attendants.

DR. WHITE and other hospital officials denied the charges, and said the tuberculosis hospital was completely segregated. The hospital serves all Alabama counties.

Dr. White and his wife and their son will move to California within the next few days. He will be associated with the Olive View Sanitorium near Los Angeles.

Mentally Ill At Partlow Live In Unsanitary Misery

By United Press International

TUSCALOOSA, Ala., Sept. 2.—Members of the legislative interim committee on mental health toured Partlow School for the Mentally Deficient Wednesday with tears in their eyes and sadness in their hearts.

The lawmakers were appalled at the lack of space, inadequate equipment and over-worked staff. There are 1,670 patients at Partlow, 45 of them over 65. There are only nine registered nurses to administer to the vast needs of those who cannot help themselves.

There are just two doctors and 12 teachers to cure and counsel this city of the sick.

Partlow is 100 per cent overcrowded. The capacity of the buildings is 800. The children sleep on small cots jammed together for row on row, because there is not room for larger beds.

No Future

The state of Alabama allocates $2.25 per day for the care and training of its patients. Thus, Partlow is not a school. It is a custodial institution in which mentally retarded children learn very little and spend their days and nights in crowded, unsanitary misery. They have no future.

"They need loving care and personal attention," said school director R. C. Partlow. "This we cannot give them."

As Dr. Partlow spoke he tenderly caressed the white hair of a boy 10 years old with a body the size of a one-year-old. "He has thyroid trouble," Partlow explained. "He needs constant attention. We grind his food and spoon-feed him along with 150 others who cannot take care of themselves."

Across the cramped aisle, a 10-year-old girl sat quietly sucking the big toe of her left foot with blank eyes. Tears rolled down the cheeks of Mrs. Ruth Cooper, secretary to the study committee.

In the same room, an elderly woman sat quietly rocking with big bandages on her hand. "We have to keep her hands bandaged", the nurse explained, "because she is constantly mutilating herself. She has been here 20 years."

No Segregation

In the infirmary, a Negro girl, 15, began crying out incoherently. Dr. Partlow tried to soothe her but she would not stop the low wail. "That's all she knows how to do," the director said. Because of the cramped conditions, white and Negro patients are not segregated.

The make-shift room for kindergarten pupils has no heaters. Just large green pipes which make one side of the room unbearably hot in the winter and fails to heat the other side of the room. In the corner stands a chipped water basin which the school salvaged from a trash heap.

19d 1959 ALABAMA

Mental Hospital Staff For Negroes Is Overworked

BY CLARKE STALLWORTH

There are two doctors at Searcy Hospital.

Here's what a report from the American Psychiatric Assn. says about the situation at Alabama's mental hospital for Negroes:

"These two physicians take care of more than 2500 patients and admit more than 700 patients during the course of a year. This situation constitutes an emergency which should not and cannot be overlooked."

Two doctors for more than 2500 patients. That's one doctor for every 1270 patients. For this type of hospital, the APA recommends one doctor for every 100 patients.

At Searcy, there are two registered nurses—one for every 1270 patients. The APA recommends one nurse for every 16 patients.

The APA report on Searcy recomends that the quota for the staff at Searcy be increased.

Said the report:

"Overcrowding amounts to approximately 550 beds. This should be relieved as soon as possible as it interferes with the treatment and proper care of the patients and will delay greatly the remodeling program. . ."

The report recommended the construction of several new buildings. Among them:

1. A modern reception and treatment building (150 beds).
2. A modern medical and surgical building (80 beds). "The facilities for the treatment of the physically ill are widely scattered and quite inadequate."
3. A building for tubercular patients (120 beds). "The present facilities for the care of patients suffering from tuberculosis are extremely inadequate."
4. A building for bedridden and semi-ambulatory old people (300 beds).
5. A recreation building and athletic field.
6. A new occupational therapy building for women.
7. A modern fireproof building for maintenance shops.

Listen to what the report says about psychotherapy—the treatment of the mentally ill by psychiatry:

"The members of the medical staff are so completely occupied in performing hospital routines that little time is available for these time-consuming therapeutic measures.

"The importance of psychotherapy is realized and it is hoped that physicians who have adequately trained may be added to the staff soon."

Listen to the report on the patients suffering from tuberculosis:

"Patients suffering from tuberculosis are cared for by ward physicians. None of the physicians have had training in tuberculosis work and no registered nurses are assigned to either of these (male and female) wards.

"Consultants in disesase of the chest and chest surgery have not been appointed.

"Provisions for the separation of the active cases from those who are apparently arrested are not provided. Arrested cases are returned to other wards as soon as possible because of overcrowding.

"Special facilities for X-Ray, surgery, dentistry, and food preparation are not provided."

The report recommended that trained doctors and more special nurses be obtained, and that garbage and waste procedures be improved.

LEGISLATIVE AID SOUGHT

Grim Scene At Partlow Points Up Great Needs

(Editor's Note; This is the first of two articles based upon the writer's tour of two state mental institutions along with a legislative committee. The second will appear Monday in The Advertiser.)

By HERSCHEL CRIBB
Of The Advertiser Staff

TUSCALOOSA—A walk through Partlow School or Bryce's Hospital is an exercise in pain. But especially the school.

Unblessed are these children. They sit or lie in cramped space, their mind's disease often reflected in blotched, staring faces or misshapened limbs.

As you pass down one line of the most pitifully afflicted, the kindly Partlow superintendent, Dr. R. C. Partlow, says:

"You wouldn't crowd your chickens or hogs this much."

Yet, it is a fact, these children so crowded. Perhaps, says one man, they don't feel it as much as they would if their minds were right.

Perhaps they don't.

One little girl with a beautiful face—a rarity in this ward—sits endlessly rubbing one hand over the other and spasmodically jerking. She pays no attention to the long line of visitors who pass by.

Into this school, 1,715 children are jammed, more than twice the number it should have.

Mattresses must be put in the aisles at night to make sleeping space for all.

Buildings with 240 new beds are going up but these will soon be filled. There is a waiting list of 140 now, and Dr. Partlow says the school will be back in its present state within 18 months after the new structures are finished.

Applications come in at the rate of two or three a day. Recently, the school stopped taking new pupils. It had no place to put them.

The schools discharge about 5 persons each year who do not return. Relatives take care of many of them; a few are able to make it with proper guidance.

Only a small number of the children will ever be able to care for themselves to any extent. Most are non-educable. They cannot be taught.

The ones who can go to school and study somewhat as the normal child outside does. The schoolrooms are pleasant and the children smile.

But this is the exception. In most of the school, there is nothing to smile about.

This is not the fault of the people who run the school. They simply don't have enough money or help.

There are only two full-time doctors and one working half time, nine registered nurses, and twelve teachers to handle nearly two thousand children.

Making it worse, many must be chaperoned up and down two or three flights each mealtime.

Most must be put to bed, not just told to go there.

Partlow School now gets $2.25 per day for each pupil. The Legislature will be asked to increase this to $3.

But the Alabama Mental Health Assn. has suggested $5 per day. As the matter stands, Alabama is 45th among the states in its per capital outlay for mental patients.

Dr. White resigns—

'Segregation is absolute,' says hospital head

BY JIM SHAW, News staff writer

TUSCALOOSA, Ala., April 4—"Absolute segregation" exists at Hale Memorial Hospital after resignation of its medical director under fire of Citizens Council and Ku Klux Klan forces, his successor said Saturday.

Dr. Otis L. Jordan, chairman of the hospital's board of trustees, was named temporary director after the resignation of Dr. Horace L. White was accepted by the board Friday night.

The 154-bed hospital serves white and Negro tuberculosis patients from 11 West Alabama counties. Klan and Council groups reportedly objected to white nurses performing certain services for Negroes.

Dr. White's resignation followed numerous threats to persons associated with the hospital, and at least one incident of violence.

He said a Negro orderly of the hospital about two weeks ago was forced into a car at gunpoint, driven across the Bobb County line and beaten severely.

White was named medical director when the new $1,300,000 hospital was opened last October. He is a graduate of the University of Oregon and came to Tuscaloosa from McKnight State Hospital at San Angelo, Tex.

During the trustees' meeting White said that threats had been made against him and his family and against other hospital employes.

One hundred and two of the 147 patients of both races at the hospital signed petitions urging the trustees to reject White's resignation. They denied there had been any attempt to break down segregation.

"Dr. White did not know the Southern customs and by not being told he did some things that didn't fit the book," said Dr. Jordan, a long-time Alabama medical leader.

"Those are the things that were brought to the board of trustees by the Citizens Council and Ku Klux Klan which have been corrected. I will admit there are still a few things that we have to do but I have started the ball rolling and they will be taken care of.

"At this time there is absolue segregation. The only thing the white nurses do (for Negro patients) is to measure out the medicine and to have supervisory capacity. We have to do that because there are no colored nurses available."

In a statment reviewing the hospital controversy, Dr. Jordan said a Citizens Council representiative first contacted him last January. Contacts by the Klan and conferences of the organizations and members of the board of trustees followed.

Jordan said that Whit as ad ministrator carried out sugges tions in regard to segregatior policies made by the two organi gations.

At last night's meeting Jordar was named to a committee along with Dr. Joe B. Smith and Dr. Ralph McBurney to seek a successor to White.

"THE STRANGE thing about it," said Mrs. White, "is that we are segregationists, nobody ever thought to ask us."

Dr. White, 38, said, "I'm not embittered by all this. I would call it a tragic thing. The events that have happened have not in any way helped the cause of the South."

"We thought everything was under control last week," he said. "Then last Saturday they called the hospital and threatened the nurses. They said 'We know there are five of you there and we are going to beat you up when you get off from work'."

The nurses were given a police escort home that night.

Some of the charges brought by the segregationist groups, said Dr. White, concerned treatment of white and Negro patients at the sanitorium. The groups objected, Dr. White said, to white and Negro employes being served food from the same counter in the cafeteria, even though they were served at different times.

Also, Dr. White said, the segregationists protested because drinking fountains in the sanitorium were not labeled for white and Negroes respectively.

ONE OF THE CHIEF causes of complaints from the segregationists, Dr. White said, was that white nurses had bathed or cared for Negro patients.

"We had to add to the hospital staff to take care of Negro patients," he said. "I felt that this was purely a professional service, as is done anywhere in the country. I never told any nurse 'YOU bathe this patient, or that patient'."

Another target was the employment of a Negro college graduate as a dietitian. The segregationists had asked, said Dr. White, thats he be replaced by a white woman at a considerably higher salary.

"I have had to commit so much of my time facing this issue that I haven't had appropriate time to direct the medical duties at the hospital in recent weeks," said Dr. White.

"We have bent over backwards trying to reply with the requests (of the two committees)."

Another objection, he said, concerned the entrances to the hospital building. The segregationists complained that the Negroes used what apparently is a front entrance. The entrance for white patients was on the side of the building.

Dr. White said this arrangement was used because the side entrance had a larger lobby.

"They blamed me for something that was done before I even got here," said Dr. White. "That wasn't something I did. It was set up that way when the hospital was first opened."

DR. WHITE, his wife and their two children moved to Tuscaloosa last August from Texas because their son's health was not suited to the Texas climate.

Dr. White is a native of Montana. His wife was born and reared in Oregon.

The threat to hospital personnel did not end with his resignation, said Dr. White. Friday, he said, Jake Powell, a maintenance engineer, received a threatening telephone call telling him to get out of town.

Dr. White said he blames much of the furor on the actions of three white women employes who were dismissed some time ago.

JORDAN SAID suggestions had been made for employment of a local doctor as medical director, but he doubted one could be found with the greater skills and specialities required in treating tuberculosis.

"I plead with the public and all organizations in this 11-county area for their advice and confidence," Jordan said. "If they hear rumors, if they will call me and ask me questions I will answer them if I can. If I cannot I will find the answers and call them back and give them to them. . . .

"I would like to ask the colored leaders in this area to also help me in trying to operate this hospital. I would like to state at this time that the colored people in the Hale Memorial Hospital will receive the same fine, adequate care that Dr. White gave them before he left. We will also give adequate care to all the white patients in this hospital.

"THIS FIGHT that the South has we cannot win unless we stand together and stand united. The battle we have on now is greater than the individual or any organization. I plead with the people in this city to come to my aid."

Jordan thanked Ku Klux Klan leaders for their "splendid cooperation" and council officials for their "splendid cooperation in helping me in trying to settle the problems of Hale Memorial Hospital."

Money And The Mentally Ill

The $20,000 report of the American Psychiatric Association as to conditions and needs of Alabama hospitals for treating the mentally ill point by point underscores what isn't being done for patients and what should be done.

A three-month study was made of existing conditions. The state could hardly be unaware of the degree of need, the amount of money which somehow must be found. The APA conclusions are not surprising. They merely bear out what everybody thought was the case.

The statistics are stark as are conditions. Each doctor serves an average of 440 patients at Byrce—and there are only 13 resident physicians on the staff which serves a total of 4,800 people. Less than 10 per cent of the needed number of nurses are on the Bryce staff. Bryce and Searcy Hospitals and Partlow School are all overcrowded. Some parts of Partlow School are as much as 100 per cent overcrowded by accepted standards.

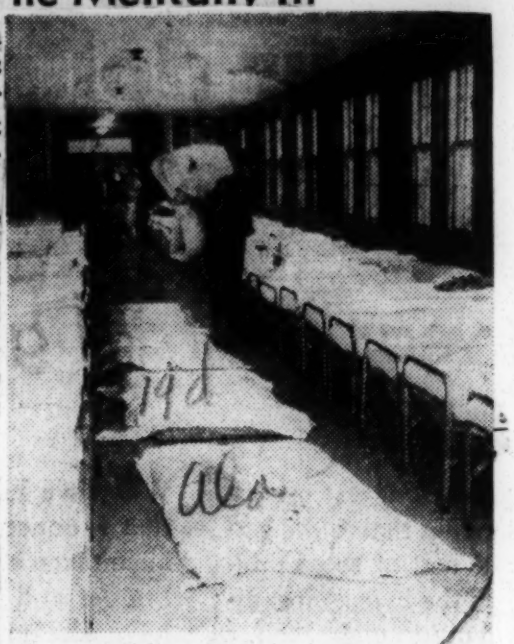
Not only are there staff shortages and terribly crowded conditions, but facilities are old and in bad need of repairs.

What has been done, the report makes clear, is everything that has been possible with the money made available. Now comes the big question: Where to get more money, and how much can realistically be sought?

Legislative members of the interim committee on finance and taxation and revision of laws have already visited the institutions. It is certain that the Legislature will have placed before it broad recommendations for substantial increases in money to be used for carrying on such aid to the ill, and for new facilities.

The state very probably cannot do all that the APA report says should be done. But it is starkly evident that a great deal more must be spent on these hospitals and school facilities for the mentally ill.

This is not a problem which can be shunted aside.



At Partlow: 100% Overcrowded

19d 1959 ALABAMA

Klan, Council Attack Director Of Hospital

TUSCALOOSCA, Ala. UPI— Dr. Horace L. White, medical director of the Hale Memorial Hospital here, has resigned under fire from Citizens Council and Ku Klux Klan officials for lack of segregation at the state-supported tuberculosis hospital, it was disclosed Saturday.

Dr. Otis L. Jordan, chairman of the hospital's board of trustees, said "absolute segregation" now exists in the 154 - bed hospital. Dr. Jordan, who was named temporary director, said the board accepted Dr. White's resignation Friday night.

He said Klan and Council groups objected to the white nurses performing certain services for Negro patients in the hospital which serves 11 west Alabama counties.

Dr. White told the board that threats had been made against him and his family and against other hospital employes. The 38-year - old director said a Negro orderly was forced into a car at gunpoint two weeks ago, and driven into neighboring Bibb County and severly beaten.

Of the 147 patients, 102 signed a petition asking the board to reject White's resignation. They said there had been no attempt to integrate.

Dr. Jordan said "White did not know the Southern customs and by not being told he did some things that didn't fit the book."

These are the things that were brought to the board of trustees by the Citizens Council and Ku Klux Klan which have been corrected," he added.

"At this time there is absolute segregation. The only thing the white nurses do for Negro patients is to measure out medicine and have supervisory capacity. We have to do that because there are no colored nurses available."

Dr. White, a graduate of the University of Oregon, came to the $1,300,000 hospital when it was opened last October from the McKnight State Hospital at San Angelo, Tex.

Dr. White said, 'I'm not embittered by all this. I would call it a tragic thing. The events that have happened have not in any way helped the cause of the South."

Dr. White resigns—

'Segregation is absolute,' says hospital head

BY JIM SHAW, News staff writer

TUSCALOOSA, Ala., April 4—"Absolute segregation" exists at Hale Memorial Hospital after resignation of its medical director under fire of Citizens Council and Ku Klux Klan forces, his successor said Saturday.

Dr. Otis L. Jordan, chairman of the hospital's board of trustees, was named temporary director after the resignation of Dr. Horace L. White was accepted by the board Friday night.

The 154-bed hospital serves white and Negro tuberculosis patients from 11 West Alabama counties. Klan and Council groups reportedly objected to white nurses performing certain services for Negroes.

Dr. White's resignation followed numerous threats to persons associated with the hospital, and at least one incident of violence.

He said a Negro orderly of the hospital about two weeks ago was forced into a car at gunpoint, driven across the Bobb County line and beaten severely.

White was named medical director when the new $1,300,000 hospital was opened last October. He is a graduate of the University of Oregon and came to Tuscaloosa from McKnight State Hospital at San Angelo, Tex.

During the trustees' meeting White said that threats had been made against him and his family and against other hospital employes.

One hundred and two of the 147 patients of both races at the hospital signed petitions urging the trustees to reject White's resignation. They denied there had been any attempt to break down segregation.

"Dr. White did not know the Southern customs and by not being told he did some things that didn't fit the book," said Dr. Jordan, a long-time Alabama medical leader.

"Those are the things that were brought to the board of trustees by the Citizens Council and Ku Klux Klan which have been corrected. I will admit there are still a few things that we have to do but I have started the ball rolling and they will be taken care of.

"At this time there is absolue segregation. The only thing the white nurses do (for Negro patients) is to measure out the medicine and to have supervisory capacity. We have to do that because there are no colored nurses available."

In a statment reviewing the hospital controversy, Dr. Jordan said a Citizens Council representiative first contacted him last January. Contacts by the Klan and conferences of the organizations and members of the board of trustees followed.

Jordan said that Whit as administrator carried out suggestions in regard to segregation policies made by the two organigations.

At last night's meeting Jordan was named to a committee along with Dr. Joe B. Smith and Dr. Ralph McBurney to seek a successor to White.

"THE STRANGE thing abou it," said Mrs. White, "is tha we are segregationists; nobody ever thought to ask us."

Dr. White, 38, said, "I'm no embittered by all this. I would call it a tragic thing. The events that have happened have not in any way helped the cause of the South."

"We thought everything was under control last week," he said. "Then last Saturday they called the hospital and threatened the nurses. They said 'We know there are five of you there and we are going to beat you up when you get off from work'."

The nurses were given a police escort home that night.

Some of the charges brought by the segregationist groups, said Dr. White, concerned treatment of white and Negro patients at the sanitorium. The groups objected, Dr. White said, to white and Negro employes' being served food from the same counter in the cafeteria, even though they were served at different times.

Also, Dr. White said, the segregationists protested because drinking fountains in the sanitorium were not labeled for white and Negroes respectively.

ONE OF THE CHIEF causes of complaints from the segregationists, Dr. White said, was that white nurses had bathed or cared for Negro patients.

"We had to add to the hospital staff to take care of Negro patients," he said. "I felt that this was purely a professional service, as is done anywhere in the country. I never told any nurse 'YOU bathe this patient, or that patient'."

Another target was the employment of a Negro college graduate as a dietitian. The segregationists had asked, said Dr. White, thats he be replaced by a white woman at a considerably higher salary.

"I have had to commit so much of my time facing this issue that I haven't had appropriate time to direct the medical duties at the hospital in recent weeks," said Dr. White.

"We have bent over backwards trying to reply with the requests of the two committees)."

Another objection, he said, concerned the entrances to the hospital building. The segregationists complained that the Negroes used what apparently is a front entrance. The entrance for white patients was on the side of the building.

Dr. White said this arrangement was used because the side entrance had a larger lobby.

"They blamed me for something that was done before I even got here," said Dr. White. "That wasn't something I did. It was set up that way when the hospital was first opened."

DR. WHITE, his wife and their two children moved to Tuscaloosa last August from Texas because their son's health was not suited to the Texas climate.

Dr. White is a native of Montana. His wife was born and reared in Oregon.

The threat to hospital personnel did not end with his resignation, said Dr. White. Friday, he said, Jake Powell, a maintenance engineer, received a threatening telephone call telling him to get out of town.

Dr. White said he blames much of the furor on the actions of three white women employes who were dismissed some time ago.

JORDAN SAID suggestions had been made for employment of a local doctor as medical director, but he doubted one could be found with the greater skills and specialities required in treating tuberculosis.

"I plead with the public and all organizations in this 11-county area for their advice and confidence," Jordan said. "If they hear rumors, if they will call me and ask me questions I will answer them if I can. If I cannot I will find the answers and call them back and give

them to them. . . .

"I would like to ask the colored leaders in this area to also help me in trying to operate this hospital. I would like to state at this time that the colored people in the Hale Memorial Hospital will receive the same fine, adequate care that Dr. White gave them before he left. We will also give adequate care to all the white patients in this hospital.

"THIS FIGHT that the South has we cannot win unless we stand together and stand united. The battle we have on now is greater than the individual or any organization. I plead with the people in this city to come to my aid."

Jordan thanked Ku Klux Klan leaders for their "splendid cooperation" and council officials for their "splendid cooperation in helping me in trying to settle the problems of Hale Memorial Hospital."

DR. HORACE L. WHITE
. . . Reports threats

Need For Mental Hospital Facilities Great In State

BIRMINGHAM (AP) — Alabama needs at least three more mental hospitals and hundreds more doctors, nurses and attendants for care of the mentally ill.

The recommendations were made in a 350-page report compiled by the American Psychiatric Assn. at the request of the Alabama Assn. for Mental Health.

The APA also suggested that Alabama set up a separate state department to operate the mental health program.

Different phases of the program now are under the direction of different state agencies.

Alabama has three mental institutions — Bryce Hospital for white patients at Tuscaloosa, Searcy Hospital for Negro patients at Mount Vernon, and Partlow State School for the mentally deficient at Tuscaloosa.

The APA report said services at all three should be expanded, along with the addition of three hospitals.

In releasing the findings, the Alabama Assn. for Mental Health said:

"The assumption is clearly implicit that the best possible job, considering the amount of money available, is being done."

Engineer Resigns Under Klan Fire

Hospital Employe Bows To Anonymous Threats

TUSCALOOSA, Ala., April 8 — (UPI) — A maintenance engineer quit his hospital job Wednesday after two weeks to "get out of town within 48 hours" in a bitter controversy over segregation practices.

Ira Powell, 59, said he was leaving Tuscaloosa Thursday to return to his home in San Angelo, Texas. He was the third member of the Hale Memorial Hospital staff to resign in less than a week after Ku Klux Klan and Citizens Council criticism over segregation practices.

Mr. Powell, who came here last fall to work at the 154-bed tuberculosis sanitorium with Dr. Horace L. White, who earlier resigned as director, said he didn't know "what it is all about."

He said he received two anonymous telephone calls Tuesday, one telling him "we'll get you" and the other to "get out of Tuscaloosa within 48 hours."

Mr. White resigned last Friday after the Klan and Citizens Council complained to the hospital board that white nurses gave personal services such as bed baths to both white and Negro patients.

His resignation was followed Monday by that of Mrs. Mary C. Robertson, director of nurses, who said she could no longer work under "existing conditions."

Mr. White said that both he and his family were threatened and that a Negro orderly was abducted and beaten.

Third staffer quits at Hale TB hospital

TUSCALOOSA, Ala., April 8—(AP)—A third member of the staff of Hale Memorial Hospital quit today after he was told by an anonymous telephone caller to be out of town within 48 hours.

Ira Powell, 60, the hospital's maintenance engineer, said:

"I don't know what it's all about, but I'm taking them at their word. I'm leaving town Thursday."

He didn't say where he was going.

THE HOSPITAL's director, Dr. Horace L. White, and the director of nurses, Mrs. Mary C. Robertson, quit earlier.

Representatives of the White Citizens Councils and the Ku Klux Klan reportedly objected to white nurses performing services for Negro patients.

The 154-bed hospital treats white and Negro tuberculosis patients.

Dr. White said the patients are segregated.

Pastor removed as economy act at Hale Hospital

TUSCALOOSA, Ala., April 11—(AP)—The Rev. Vernon Hozey was relieved of his duties at Hale Memorial Hospital Saturday as part of an economy move.

Dr. Otis L. Jordan, acting superintendent, praised the work of the social director and chaplain, but said it is necessary to cut expenses in order to keep within the hospital's fixed income.

Jordan said the hospital has been operating at a cost of 2 cents per day per patient above its appropriation.

HOZEY EMPHASIZED THAT there were no threats of any sort connected with the action and Jordan said there had been no outside pressure brought in the case

Tuskegeeans Help In Construction Plans For Clinic For Crippled

C. A. Pruitt and Mrs. Hubert Davis, Tuskegee members of the Central Alabama Rehabilitation Committee of the Alabama Society for Crippled Children and Adults, said a meeting of the committee was held in Montgomery recently to discuss progress and map plans for raising $125,000.00 to start construction on a crippled children's clinic and rehabilitation center. The center will be built on the Southern by-pass in Montgomery and will serve 16 Central Alabama counties, including Macon.

Art Lewis, of Dallas County, was elected president of the committee, succeeding Charles Weston, of Clayton. Other officers elected were I. I. Fox, Tallapoosa County, vice-president; Mrs. Grady Blake, Autauga County, secretary; Dick Gassenheimer, Montgomery County, treasurer. Executive committee members named were Harold M. Harris, Snowdown; Dr. William Daniel, Miss Margaret McFall, Mrs. Gordon Persons, Montgomery; and Homer Jacobs, Auburn.

The center will serve the crippled throughout Central Alabama in the following ways: Clinic for amputees, clinic for hard of hearing, clinic for children with visual problems, cardiac clinic for adults, physical therapy, occupational therapy, speech therapy, work therapy, artificial limb and brace fitting department, pre- vocational and vocational training, and living quarters at the Center while receiving services.

Plans were discussed for funds to be raised locally in each county through solicitation, civic and fraternal groups, companies, individuals, memorial gifts, wills, foundations and trusts, and by upgrading County Easter Seal quotas.

Committee Tours Searcy—

Negro Mental Hospital Has Only 2 Bathtubs For 2771 Patients

BY DONALD F. MARTIN
United Press International

MT. VERNON, Sept. 3—Four doctors take care of 2771 patients at the Searcy Mental Hospital for Negroes here.

There are two dentists, two registered nurses and only two bathtubs. There are no practical nurses and only 287 untrained attendants to care for those who cannot care for themselves.

Searcy Hospital is situated in an old U. S. Army fort whose thick walls were constructed in 1830. The famed Indian Chief Geronimo was incarcerated here.

The State of Alabama pays $2.36 per day for the care of the Negro insane.

Two hundred patients sleep on the floors because there is not enough money for beds and not enough space to put the beds.

There are no registered psychiatrists to counsel the sick and there are no psychologists. Two of the four over-worked doctors were hired just three months ago.

Dr. Harry S. Rowe, hospital superintendent, said there are no social workers or trained personnel to help cure and rehabilitate the sick. "This is almost a purely custodial hospital," Rowe said.

He said it would be a "treatment hospital" if one physician could treat some 850 patients.

The crowding at Searcy is inhuman; the buildings old, outmoded and completely unsuited for a treatment program.

Jail Better

Inmates of Alabama jails are more adequately cared for than the Searcy patients. Thousands of Negroes stand around in the fenced yards with nothing to do and blank stares on their faces. The grounds are poorly kept and there is little grass. Flies blanket every area.

Because of the crowded conditions the criminally insane women are intermingled with other patients. Women tubercular patients are isolated in a ward in a crowded building instead of a separate building as is done at Bryce Hospital at Tuscaloosa.

There is never enough medicine to meet the full needs of the inmates.

The visit to Searcy Hospital by members of the Legislative Interim Committee on Mental Health completed the tour of the state's three mental institutions today. Tuesday, 16 of the 18-member committee visited Bryce Hospital and Wednesday they toured Partlow School.

The committee members are in unanimous agreement that the Legislature must raise taxes by at least $6.5 million to raise the per diem rate from $2.36 to $3.60 and provide more buildings, equipment and trained personnel to care for the mentally sick.

The committee is expected to endorse a program early next week recommended by the Alabama Mental Health Assn. which would place a penny tax on each bottle of beer and an 11 per cent levy on whisky.

Committee Chairman Temo Callahan of Tuscaloosa County said, "We can no longer deny our mentally sick the treatment we owe them in the name of humanity. We must provide funds which mean the difference between darkness and light."

Court action threatened—

Integration asked at Phenix hospital

PHENIX CITY, Ala., Nov. 25—(AP)—The City Commission was asked yesterday in a petition bearing 587 signatures to integrate Cobb Memorial Hospital.

In a prepared statement accompanying the petition, the Rev. H. A. Phillip, a Negro, asked that the hospital "immediately be thrown open to all people requiring its services on a first come, first served basis whereby a patient will be assigned to any part of the hospital without regard to racial origin."

PHILLIP was asked later by a reporter whether he would take the issue into court if it is rejected by the commission. "Yes, I will," said Phillip.

The request was referred to the hospital board.

Previous expressions of dissatisfaction with facilities at Cobb Memorial have been answered through the Columbus newspapers, Phillip said.

He said the papers alleged "lack of Negro patients as a primary cause for the discontinuing fairly adequate facilities arranged for Negroes and relegating them to a portion of the hospital which we, the Negro citizens, consider totally inadequate."

THE HOSPITAL recently added two wings, one for whites and the other for Negroes.

Phillip claims the Negro wing was not being used to its fullest extent because Negro doctors were not permitted to practice in the hospital and thus sent their patients across the river to the Columbus Medical Center "with a resultant overcrowded condition there."

Negroes Seek Integration Of Hospital

PHENIX CITY, Ala. (AP)—A spokesman for more than 500 Phenix City Negroes announced Tuesday that his group would soon petition the Cobb Memorial Hospital board to operate the hospital on an integrated basis.

The announcement came from the Rev. H. A. Phillips, pastor of AME Church, Midway Community, who showed Phenix City Commissioners a copy of the petition he will present hospital board members.

Phillips said he would serve the petition at the boards next regular meeting, Dec. 8. He said the formal request for integration at the hospital was backed by the signatures of 578 negroes.

The petition asks that the hospital "be thrown open to all people requiring its services on a first-come, first - serve basis, whereby a pateint will be assigned to any part of the hospital without regard to racial origin."

The notice alleged that Negroes had been assigned to sections of the hospital that were "totally inadequate."

The petition also noted that the integrated plan would ease Cobb Memorial's financial problems, by offering a consolidated facility.

19d 1959

ALABAMA

PHENIX CITY
HOSPITAL

Integrate Hospital, Phenix City Urged

The Atlanta Constitution
Atlanta, Ga.

PHENIX CITY, Ala. (AP)—The City Commission was asked Tuesday in a petition bearing 587 signatures to integrate Cobb Memorial Hospital.

In a prepared statement accompanying the petition the Rev. H. A. Phillip, a Negro, asked that the hospital "immediately be thrown open to all people requiring its services on a first come, first served basis whereby a patient will be assigned to any part of the hospital without regard to racial orgin."

Phillip was asked later by a reporter whether he would take the issue into court if it is rejected by the commission. "Yes, I will," said Phillip.

The request was referred to the hospital board.

Previous expressions of dissatisfaction with facilities at Cobb Memorial have been answered through the Columbus newspapers, Phillip said.

He said the papers alleged "lack of Negro patients as a primary cause for dicontinuing fairly adequate facilities arranged for Negroes and relegating them to a portion of the hospital which we, the Negro citizens, consider totally inadequate."

The hospital recently added two wings, one for whites and the other for Negroes.

Phillip claims that the Negro wing was not being used to its fullest extent because Negro doctors were not permitted to practice in the hospital and thus sent their patients across the river to the Columbus Medical Center "with a resultant overcrowded condition there."

The Negro minister said Cobb Memorial could solve its financial problems and ease assignment of bed space by mixing the races.

Later, Phillip told a reporter he thought the Negroes would settle for separate but equal facilities.

Integration Plan Aimed At Hospital

The Montgomery Advertiser
Montgomery, Ala.

PHENIX CITY (AP)—A spokesman for more than 500 Phenix City Negroes announced Tuesday that his group would soon petition the Cobb Memorial hospital board to operate the hospital on an integrated basis.

The announcement came from the Rev. H. A. Phillips, pastor of AME Church, Midway community, who showed Phenix City commissioners a copy of the petition he will present hospital board members Dec. 8. He said the formal request for integration at the hospital was backed by the signatures of 578 Negroes.

The petition asks that the hospital "be thrown open to all people requiring its services on a first-come, first-serve basis, whereby a patient will be assigned to any part of the hospital without regard to racial origin."

The notice alleged that Negroes had been assigned to sections of the hospital that were "totally inadequate."

City commissioners and hospital administrator Murphy Cole had no comment on the Phillips announcement.

19d 1959

D.C.

Bill Proposes Merger Of Freedmen's And Howard U.

WASHINGTON, D. C. (NNPA)—The Department of Health, Education and Welfare sent to Congress Monday a draft of a proposed bill providing for the transfer of Freedmen's Hospital to Howard University and the construction of a new teaching hospital to replace the obsolete plant.

Similar legislation was introduced in Congress last year but ran into a snag when organized labor opposed it because employees of Freedmen's Hospital were not assured that they would receive as employees of the university all of the benefits they now get as Federal employees.

The proposed bill would authorize the appropriation of funds for constructing a new hospital and the remodeling of existing buildings to provide a teaching hospital of 500-bed capacity.

The main building at Freedmen's, built in 1908, would eventually be adapted by the university to academic uses.

Transfer of Freedmen's now administered by the Public Health Service, to Howard would take place about a month after tthe new construction starts. Annual appropriations would be authorized for the partial support of the new teaching hospital, but the new facilities would be expected to become progressively self-supporting to the extent consistent with sound medical practice.

FLEMMING STATEMENT

In submitting the proposed legislation to Congress, Arthur S. Flemming, Secretary of Health, Education and Welfare said:

"New clinical facilities for Howard University's medical teaching program and for the proper care of the patients of Freedmen's Hospital are urgently needed. The disproportionate shortage of colored medical and allied personnel makes Howard University's medical teaching program a matter of national importance."

Secretary Flemming emphasized that every provision would be made to preserve for the employees affected by the transfer as many of the benefits of Civil Service employment as would be parcticable without infringing upon the university's status as a private self-governing institution.

The proposal provides specifically for the continuation of equal pay for the transferred employees and, in addition, contiues their present retirement and group insurances coverage.

For employees unwilling to remain at the hospital after the transfer, efforts would be made to transfer them to other Federal jobs.

The Civil Service Commission would extend its program for separated career employers to give career-conditional and career employees three years from the date of transfer, instead of the usual 90 days, in which to claim reemployment priority in the Federal Civil Service, provided they were separated in good standing from the university.

Upon filing their claims, career employees would remain on the roster of separated career employees for two years and career-conditional employees for one year.

Civil Service status.

It was on the question of this status that the union and Howard management clashed before. The university agreed to maintain current salary levels. However, it could not guarantee the same job security as Civil Service does.

The transfer bill was submitted during the 85th Congress but failed to reach the floor in that or the first session of the 86th.

Freedmen's shift to Howard pushed

WASHINGTON

Now that Arthur S. Flemming, secretary of Health, Education and Welfare, is personally interested in the proposed transfer of Freedmen's Hospital to Howard University, prospects look more hopeful, according to Dr. Mordecai Johnson, Howard president.

Since taking interest in the matter, Mr. Flemming has met with the concerned persons and legislators to get support for the passage of the transfer bill during the next session of Congress.

The proposed bill also calls for construction of a new teaching hospital. The one presently in use is 51 years old. Howard already uses Freedmen's as the teaching division of its Medical College.

ONE DIFFICULTY to be ironed out is posed by the local union of State, County and Municipal Employees.

Samuel Vernoff, union president, was included in the meetings with Mr. Flemming. He reported that there is now more understanding of the employees' request for full

FORMER INTERNS AND residents of Freedmen's Hospital in Washington, have made plans for their 37th annual meeting, which will be held in Washington at the Howard University School of Medicine, June 2 thru June 4. Shown (front row) left to right: Dr. Charles E. Burbridge, superintendent of Freedmen's Hospital and honorary president, Washington; Dr. Mitchell W. Spellman, chairman of program committee, Washington; Dr. James E. Walker, president, Washington; Dr. Edward W. Hawthorne, Executive Secretary, Washington; Dr. James E. Roberts, treasurer, Washington; Dr. George L. Johnson, president-elect and chairman of publicity committee, Washington;

Second row, Mrs. Louise J. Whitten, hostess, Washington; Dr. Angella D. Ferguson, assistant secretary, Washington; Dr. Ralph J. Young, chairman of public health, Baltimore, Md.;
Third row: Dr. J. Harold Nickens, co-chairman of entertainment, Washington; Dr. William F. Nelson, co-chairman of auditing, Washington; Dr. Henry S. Robinson, chairman of registration, Washington;
Top row: Dr. W. Henry Greene, co-chairman of entertainment, Washington; Dr. A. Hugh Simmons, chairman of hospital, Washington; Dr. Calvin B. LeCompte, chairman of exhibits, Was ington; Dr. L. Greeley Brown, past president and past treasurer, Elizabeth, N.J., and Dr. Paul E. Piper; co-chairman of auditing, Washington.

No requests made to help Freedmen's

Afro-American Baltimore, Md.

WASHINGTON

Freedmen's Hospital made no request for funds to make major changes of either a physical or program nature, according to the hearings on funds for its salaries and expenses for the fiscal year beginning July 1, made public Friday.

Dr. Charles E. Burbridge, hospital superintendent, testified that no funds for such changes were requested due to the "unsettled status of the ownership and control of the institution."

Legislation to transfer Freedmen's Hospital to Howard University as a teaching facility has been held up pending the university's reaching an agreement with the union representing employees over job tenure and other benefit which employees enjoy by working for the federal government but some of which they will lose if the hospital is transferred to the university.

"IT IS hoped that the future of Freedmen's Hospital will soon be decided one way or the other so that the necessary development of this important community agency may continue," Dr. Burbridge said.

The superintendent testified that there are two areas in which the hospital would be helped if the transfer issue were settled.

One is the need for a new physical plant, which would be covered in the proposed legislation, and "the other is the matter of settling in the minds of our employees what is going to happen to them . . ."

THE HOSPITAL is requesting $3,190,000 for the next fiscal year. Its appropriation for the current fiscal year is $3,091,000. The main items of increase are $15,850 for mandatory increases and $49,000 for 11 new positions.

Four of the new positions, Dr. Burbridge said, are for nursing assistants, which are not professional nursing personnel. These nursing assistants are trained through in-service training programs or they may be practical nurses.

The request is to provide a better staffing pattern in several wards. Dr. Burbridge said at present it is difficult to staff all wards with graduate nurses.

The present ratio of employees at Freedmen's to occupied beds, he said, is 2 to 1, while at many hospitals the ratio is as high as 3 to 1.

Two of the positions are clerical to improve collections. Since 1942, he said, "I think we have improved collections almost 3,000 per cent.

There was a time when the collections at Freedmen's Hospital amounted to less than $35,000 a year. Now we are collecting in excess of $1 million, "which certainly is some indication of the need for improved staffing this year."

Howard U., Freedmens get over $8 million

Afro-American Baltimore, Md.
Sat. 5-9-59

WASHINGTON

The House Appropriations Committee Tuesday reported to the House a bill carrying a total of $5,498,000 for Howard University and $3,190,000 for Freedmen's Hospital for the fiscal year beginning July 1.

Both amounts, carried in the bill for the Departments of Labor and Health, Education and Welfare, are the sums requested for the two institutions by the Federal Budget Bureau.

The item for Howard represents $861,700 more than was appropriated for the current fiscal year, while the Freedmen's item is $99,000 more than the hospital received for the current year.

* * *

THE APPROPRIATION for the university includes $4,617,000 for salaries and expenses, which represents a net increase of $266,700 over the appropriation for 1959.

Of the $266,700 increase, the sum of $129,705 will be used to provide 18 additional teachers, with nonteaching assistants, supplies and equipment, needed because of increased enrollment and to improve instruction.

$19,490 will be used to improve the university libraries, and $117,505 to provide within grade pay raises for nonteaching employees ($90,905), and group life insurance for the regular teaching and nonteaching employees ($26,600).

The bill also includes $21,000, estimated to be necessary for a survey of the steam and electrical production and distribution system at the university. This item is the amount of the budget request but is $102,000 less than the sum appropriated for 1959.

The bill also carries $860,000, the amount of the request for the liquidation of contract authority given the university by previous legislation.

19d 1959

RECEIVED FAMU CLINIC MERITS — Dr. E. R. Lord (left) of Bainbridge, Ga., presenting the Florida A&M University Clinic Association annual awards of merits to Drs. Leroy C. Ervin, Jacksonville, and E. B. Coffee, Columbus, Ga. Dr. George H. Starke of Sanford could not be present to receive his award. The Clinic Association met at the Florida A&M University Hospital last week. — (A&M Staff Photo by Horace Jones Jr.)

Cash Sought For Negro Hospital

Miami Negroes have started a drive to raise $200,000 needed to complete a modern nonprofit Negro hospital now going up at 4700 NW 32nd Ave.

The 50-bed building, reported the Rev. Theodford Johnson, will have all the services and equipment available at other hospitals in Dade County.

It will be the new home of Christian Memorial Hospital, which has operated for 40 years in a frame building at 1200 NW First Pl.

Money for the new building, explained Johnson, came from a $75,000 grant from the Albert Lasker Foundation, $10,000 from the Ford Foundation and a $175,000 loan from the First Federal Savings and Loan Association. The land was bought with funds from the sale of the old site.

FLORIDA

NAACP To Probe Hospital Beating

Chicago Defender

TAMPA, Fla. — (UPI) — The NAACP said this week it had a report that Negro patients at the State mental hospital at Chattahoochee were treated as "slaves" and that some had been beaten into unconsciousness.

The Rev. A. Leon Lowry, in calling for action by the state NAACP, quoted excerpts from a letter written by a Negro patient. He said it was not the first report the NAACP had received concerning the treatment of Negro patients at the hospital.

Lowry referred to the letter writer as "patient X" to conceal his identity and to prevent retaliatory action, the NAACP said.

He quoted the patient as writing:

"I have actually seen Negro patients beaten with metal chains, leather belts, rubber hoses and boards. I have seen them unjustly kicked and beaten until they lose consciousness. Ninety-eight per cent of the beatings are ordered by white supervisors."

Lowry further quoted the letter as reading:

"Negro patients are made to work. They even have to clean up the white patients' dining room. Negroes do all the work at the laundry. We are held as slaves. Many of us are well enough to be discharged and they won't let us go."

Lowry said he would ask the delegates to the annual convention of the state NAACP at Pensacola next week to adopt a resolution calling for Gov. Leroy Collins to conduct an investigation at the hospital.

On other occasions, Lowry said, "the NAACP has been told of cruelty to Negroes by patients who have been discharged" from the hospital.

"But upon receiving the last communication we could not but issue a public statement calling for investigation by competent and unprejudiced authorities in the state."

Lowry said "apparently, the entire condition at Chattahoochee is based on segregation by race and prejudices by individuals in charge of the institution."

Abuse of Ill Is Charged By NAACP

Fla. Times-Union Jacksonville, Fla. Thurs. 10-15-59

TAMPA, Oct. 14 (UPI)—The NAACP said today it had a report that Negro patients at the State Mental Hospital at Chattahoochee were treated as slaves and that some had been beaten to unconsciousness.

The Rev. Leon Lowry, state NAACP president, quoted excerpts from a letter written by a Negro patient. But he said that was not the first report the NAACP had received concerning the treatment of Negro patients at the hospital.

Lowry referred to the letter as "Patient X" to conceal his identity and to prevent retaliatory action, the NAACP said.

He quotes the patient as writing

"I have actually seen patients (Negro) beaten with metal chains, leather belts, rubber hoses and boards. I have seen them unjustly kicked and beaten until they lose consciousness. Ninety-eight per cent of the beatings ordered by white supervisors."

Lowry further quoted the letter as reading:

"Negro patients are made to work. They even have to clean up the white patients' dining room. Negroes do all the work at the laundry. We are held as slaves. Many of us are well enough to be discharged and they won't let us go."

Lowry said he would ask the delegates to the annual state convention of the NAACP at Pensacola next week to adopt a resolution calling for Gov. LeRoy Collins to conduct an investigation at the hospital.

Negroes Challenge New Hospital

The Tallahassee Daily Flame

Tallahassee, Fla.

LAKELAND, Fla. (AP) — A federal suit may be filed by a group of Negro leaders here if members of their race are denied admission to the city's new multi-million dollar General Hospital. Jan. 10-27-59.

N. C. Adderly and the Rev. John Jackson of the First Institutional Negro Baptist Church headed a six-man delegation Monday which presented its demands to the City Commision.

Adderly said any action to prevent admission of Negroes as patients would be "obvious racial discrimination . . . that Negroes would be deprived of their rights."

He said racial segregation at the hospital would be in violation of the U. S. Constitution. "We will not let this go unchallenged," he said.

City Atty. Tommy Miller suggested to the Negroes that they consult with members of the hospital board of trustees since the commission had no control over operation of the hospital.

State Hospital Denies NAACP Charge

The Miami Herald
Oct. 30-1956
p. 27-A

CHATTAHOOCHEE (UPI)—An official at the state mental hospital here Thursday denied charges by NAACP President A. Leon Lowry that Negro patients were abused and forced to work in the laundry and white dining room.

Lowry said he will seek a gubernatorial investigation of the charges, which were made by a "patient," who Lowry said sneaked a letter out of the hospital.

Dr. James B. O'Conner, clinical director, said "there is no truth" to the charges.

He said no patient is forced to work and pointed out both white and Negro patients work in the laundry and dining room.

"The patients come to us and ask to work," he said. "It's good occupational therapy."

O'Conner said all patients, regardless of race or sex, got the same treatment and added that any attendant who abused patients was "automatically fired." He said to his knowledge there had been no recent firings on those charges.

Hospital Superintendent W. D. Rogers was not at the hospital and couldn't be contacted.

Lowry, a Tampa minister, said he had other complaints about treatment of Negroes in the sprawling hospital, but he didn't make them public until he received the smuggled letter.

He called the writer "patient X" to prevent any retaliatory measures against him.

"Patient X" wrote, Lowry said, "We are held as slaves."

O'Conner said, "It just isn't happening."

THREATEN SUIT

The Florida Times-Union
Jacksonville, Fla.
June 10-27-54 p. 1

Lakeland Negroes Seek Hospital Use

LAKELAND, Oct. 26 (AP)—A group of Negroes today demanded the right of admission to Lakeland's new $4,790,000 general hospital. They threatened federal court action to keep the city from barring Negro patients.

N. C. Adderley and the Rev. John Jackson of the First Institutional Negro Baptist Church spoke for a six-man delegation at a City Commission meeting.

Adderley said failure to admit Negroes as patients would be obvious racial discrimination...that Negroes (would be) deprived of their rights."

He said such action would be in violation of the U.S. Constitution which forbids racial segregation and the Negroes would not let this go unchallenged."

The seven-story hospital, built partly with federal-state matching funds, was dedicated Friday.

Officials plan to start moving patients from the adjacent old hospital to the new facility within a few days. The new hospital has a capacity of 343 patients. The old could handle about 150.

City Atty. Tommy Miller told the Negroes that the City Commission has no control over operation of the hospital. He suggested that the delegation consult members of the hospital board of trustees.

Jackson said the trustees had "categorically" decided that Negro patients would be quartered in the old hospital building. It is connected with the new structure by a covered concrete ramp.

N. C. Jackson, spokesman for the Negroes, said the trustees had "categorically" decided that Negro patients would be quartered in the old hospital building. It is connected with the new structure by a covered concrete ramp.

Negroes demand hospital admission

The Tampa Tribune
June 27-1954 p. 3

LAKELAND, Fla., Oct. 27—(AP)—A group of Negroes yesterday demanded the right of admission to Lakeland's new $4,790,000 general hospital.

Ft. Myers, Fla.

They threatened Federal Court action to keep the city from barring Negro patients.

June 27-1954

City Atty. Tommy Miller told the Negroes that the City Commission has no control over operation of the hospital. He suggested that the delegation consult members of the hospital board of trustees.

19d 1959

GENERAL

Hospitals Asked To Cut Down On Fees Before Federal Government Demands It

Atlanta World

CHICAGO (UPI) — American Hospital Association President-elect Dr. Russell A. Nelson called on the nation's hospitals Tuesday night to cut down their own fees before the government steps in to do it for them.

"More self controls are needed for the strength of our voluntary hospitals," Nelson said. "The mechanism for this type of self-control already exists—in the state hospital associations."

Nelson's comments were published in the current issue of Hospitals, the magazine of the AHA.

Atlanta To Get First Mental Hospital Soon

Atlanta Daily World
Atlanta, Ga.

Metropolitan Atlanta is scheduled for its first mental hospital by Feb. 1, according to plans and an agreement between Emory University and the Fulton-DeKalb Hospital Authority. The university and hospital authority are reportedly ready to negotiate with the State Health Department.

Dr. Tarwick Stubbs, director of the state's mental health division says the intensive treatment ward might be ready to open at Grady Hospital by Feb. 1. "That's what we're hoping for," he said. "Now that the authority and Emory have reached an agreement, we'll move right along."

Judge Luther Alverson, of Fulton Superior Court, and head of the Atlanta Mental Health Association, said that people are "beginning to see the light on mental health." He said the biggest problem is still finance, as money must be supplied. He also noted that "so little is being done for so many."

Fred J. Turner, Hospital Authority chairman, said that $25,000 to furnish the ward is needed; but he believes it will be furnished before the first of the year. Grady Hospital Service Guild voted to give $5,000 profit from its gift shop to help furnish the ward.

An intensive treatment center is designed to handle patients who would respond to short-term, maximum therapy, without which, doctors say, they would end in a mental hospital where they might stay for years.

19d 1959

GEORGIA

Holy Family Hospital Fund Drive Opens

The capital fund drive for the Holy Family Hospital to be built on Harwell Road in West Atlanta begins today. Following an Executive Committee meeting prior to the official opening of the drive, Hughes Spalding, Sr. and Joseph Seitz, members of the committee, pointed out the need for this facility.

"We are quite certain," they said, "that the already apparent shortage of private hospital beds in the rapidly growing Atlanta community will become serious within the next few years. By the time the Holy Family Hospital is erected and in operation it will be badly needed.

"Planning and erecting a hospital building is a very difficult undertaking, but manning it and operating it is much more difficult; and we are fortunate in this community to have the Medical Mission Sisters offer us their skills and experience, not only in planning and building but in administering and operating a facility of this nature.

"These Sisters, who own and administer twenty-four hospitals throughout the world, are offering their services to our community, and are ready to go forward with the erection of this new hospital on the west side of Atlanta. We heartily endorse their efforts, and request you to be as generous as your means permit in assisting them to finance this hospital."

MOTHER BENEDICT HERE

Mother Benedict, provincial superior of the Medical Mission Sisters in the United States, was in Atlanta for the meeting. Said Mother Benedict, "We want the Holy Family Hospital to be the embodiment of all that modern medical and architectural science and God-like charity can provide. We want to supply the kind of care that will make men know that we are 'our brother's keeper.'"

At the same time, W. S. Cannon, General Gifts Chairman for the Campaign announced the appointment of Dr. Richard C. Hackney, Bishop W. R. Wilkes and Mr. Jesse O. Thomas as members of the Steering Committee.

In addition to serving on the Steering Committee, Dr. Hackney will function as Chairman of the Professional Gifts Division. Dr. Hackney is former president of the Atlanta Medical Society.

Bishop W. R. Wilkes, prelate of the A. M. E. Church for the State of Georgia, Chairman of the Citizens Committee on Urban Renewal and a member of the Executive Board of the Mayor's Committee on Urban Renewal, joined the others in pointing out the need for a good community hospital in West Fulton County as well as the need for wholehearted support of the entire community."

Cannon, Milton Get Top Posts In Holy Family Hospital Drive

W. S. Cannon, President of The Cannolene Company, President, National Development Company, member of the Board of the Mutual Federal Savings and Loan Association and Treasurer of the Atlanta Urban League was announced Monday as General Gifts Chairman for the Holy Family Hospital and Medical Center to be built in West Fulton County on Harwell Road, northeast of the intersection of Harwell Road and Collier Drive.

In accepting the post of General Gifts Chairman, Mr. Cannon, who is a lifetime resident of Atlanta and a prominent civic leader for many years, stated that "the need for additional, modern hospital facilities in the western part of Fulton County has become almost desperate with our growing population in that area."

Citing the fact that "all but two of our major hospitals are within 2½ miles of Five Points in the downtown area," Mr. Cannon said, "The hazard to life itself in emergency cases which occur in West Fulton County is critical, especially in view of the increased traffic congestion in the downtown area where available hospital facilities are located."

L. D. Milton, President of the Citizens Trust Company, partner in the Milton-Yates Drug Stores, Chairman of the Board of Trustees of Howard University in Washington, D. C. and an active leader in many civic affairs, was announced at the same time as vice-chairman of the General Gifts Division in charge of the Initial Gifts Section.

"This is a greatly needed facility," Mr. Milton said, "which deserves the wholehearted support of every Atlanta citizen."

Holy Family Hospital and Medical Center will be built as a Community Hospital, serving all who need its services, regardless of race or religious affiliation. As such, it will be eligible for matching-funds from the Federal Government under the Hill-Burton act.

McLendon Hospital At 14th Year Milestone

On April 7th, 1946, a young physician and an idea brought into reality a much and long needed health facility to this city and community. These three — the physician, the idea and the facility have come to make an enviable history in the field of health and medical research as well. For this opportunity has afforded area for hundreds of doctors of both races to work together in harmony for the general health of a people and a community.

Dr. Frederick Earl McLendon, the physician in question, the son of a Baptist minister and a product of Georgia soil, brought this dream to pass.

Having been well groomed in his special field and alerted to the best interest of his group, he dared the gamble to make huge expansions in the erection and direction of a great hospital unit. He began on a modest scale and plugged steadily away until he had constructed an additional unit, making his enterprise one of the largest singly owned and operated clinics among our group.

In that quiet unassuming manner which has endeared him to all who know of him, he made himself approachable to all the medical men. He has given help beyond measure to hundreds of his fellow physicians who might not have had any other recourse for the development and advancement of many of their talents in the field of medicine.

Atlanta, Georgia and the nation are proud of him; he has truly made a creditable contribution to our people in these times of overcrowded and undermanned hospital facilities.

Dr. McLendon has shown the way; he has made a success of his venture and on Atlanta's westside he has inspired others in other sections in what can be done in behalf of the health of millions of people of this nation today, who might live and be happy and useful if they had access to health clinics.

We salute Dr. McLendon and commend him to others as a worthy example and also a parable in the technical and ever advancing field of medicine.

May this facility enjoy many more anniversaries, while carrying on its wholesome mission of a creditable health service.

Holy Family Hospital Plan Is Nearing A Reality Here

An official campaign to secure funds for construction of the proposed Holy Family Hospital and Medical Center to serve West Fulton County will begin soon, it was announced Monday.

Plans call for an eventual 250-bed general hospital. The most immediate step will be the construction of the basic facilities which will be needed in the final completed building and 150 of total beds. Included in the original plans will be the general nursing, surgery and maternity areas, facilities for pediatric and orthopedic patients, plus an out-patient clinic for diagnosis and treatment for those not requiring hospitalization. A portion of the beds will be allocated to chronic patients.

AUXILIARY FORMED

An auxiliary to the community has been formed of non-denominational women of the general Westside community, and at present numbers about 18 prominent women, doctors' wives, etc. Officers are: Mrs. A. L. Thompson, chairman; Mrs. Betty Boyd, vice-chairman; Mrs. A. L. Dempsey, recording secretary; Mrs. Helen Collins, corresponding secretary; Mrs. Hilda Wilson, treasurer; Mrs. J. B. Harris, parliamentarian, and Mrs. Gertrude Hackney, historian.

Eventual expansion will provide nurses training, including a graduate school, internship for graduate and post-graduate education internships for pharmacists, training for x-ray and laboratory technicians and hospital administrators. It is planned to build facilities on the 82 acres that have been purchased and which are located on Harwell Road, N. W., northeast of the intersection of Collier Drive. This would be at the future intersection of two major highways, as proposed in the master highway plan for the area at a point six miles west of down town Atlanta.

MISSION SISTERS

When the hospital has been completed it will be operated by the Medical Mission Sisters. This group has devoted itself to building and maintaining hospitals in 11 foreign countries in Asia (notably India and Pakistan), Indonesia, South America and Africa. Some of these buildings are among the most modern hospitals in existence today and all are free from debt. The Sisters' work in this country heretofore has been devoted to provincial houses for training of personnel, maternity center in Sante Fe, New Mexico and several smaller clinic-type operations. Headquarters for the Order are in Philadelphia, Pa. Local operations of the Order in Atlanta are under the direction of Sister M. Theophane.

Cost of the hospital will be financed in part by a fund-raising effort to be conducted locally to raise $1,250,000 in pledges and contributions from business and individuals. In addition, the hospital will be eligible for a Federal grant under the Hill-Burton Act. The Georgia Department of Public Health, Division of Hospital Services, in a survey released in January, 1957, has verified the need for the proposed hospital and very strongly recommends that any new hospital beds in the Atlanta Metropolitan area should be located in suburban districts where facilities are utterly lacking. They further stress the need for contruction of hospitals that will be community-type and general in their scope, offering their services to all residents of the community, regardless of race, color, religion or economic status. This proposal is not new to the area. One of the most outstanding examples of such hospital operations in the State of Georgia is the Kennestone Hospital of Marietta. From a practical and economic viewpoint it has justified the principles which governed its construction, it is claimed.

Among those who have been named to the Executive Committee are Messrs. Hughes Spalding, Joseph Seitz, Furman Smith, Sam McKenzie, Alex W. Smith, Jr., Robert S. Lynch, Fred Storey and Rease Inge.

Headquarters for the fund raising campaign have been established in the Chamber of Commerce Building at 33 Pryor St., N. E. Organizational phases are now getting under way and teams of volunteer workers in the various divisions are expected to begin solicitation of pledges and gifts in the near future.

HEALTH DEPT TAKES OVER MILLEDGEVILLE

The State Health Department Friday assumed control of the operation of Milledgeville State Hospital from the State Welfare Department.

The move came shortly after a meeting between Gov. Ernest Vandiver, Welfare Director Alan Kemper and Dr. T. F. Sellers, director of the Health Department.

A five - man medical committee appointed to investigate conditions at the state mental hospital recommended the change. The group was named by the president of the Medical Assn., of Georgia at the request of the governor, and had been investigating alleged irregularities at Milledgeville.

The change was made under a state law authorizing the Welfare Department to delegate "the operation of any institution .. of any other appropriate department .... of the state...."

Following the meeting with the governor and Kemper, Dr. Sellers said, "the director has given the institution to the Health Department to run. We're going to do our best to operate it."

The changeover is technically effective immediately and will be completed as soon as the Health Department can assume the functions, Sellers said.

The governor said he is in "general agreement with most all of the recommendations made in the report and will support their implementation."

In the report, the group said that the lack of professional responsibility at the state level and the lack of emphasis on modern psychiatric treatment are given as underlying causes of present conditions.

The committee found "that the emphasis at the hospital has been on improvement of the physical plant and surgical care of patient rather than on psychiatric care."

HOSPITAL CAMPAIGN NEARS $200,000

The campaign for the new Holy Family Hospital marked up an all time record last night for pledges made to any capital-fund program in Atlanta. At a gala party at the Walahaje Hotel, campaign workers reported pledges of nearly $36,000.00 to the Hospital Building fund W. S. Cannon, Chairman of the General Gifts Division announced late last night.

When added to the pledged previously received, last nights report brought the new total to $196,000.00—an all-time record for the city.

At the same time, workers promised to continue their efforts in the rest of the prospects listed to campaign, and to contact all the reach the goal of $300,000.00 before the campaign is closed. Reports received included those of a number of new campaign workers who were making their first appearance at a campaign report meeting. A number of workers also volunteered to take additional prospect cards to be worked during the next week in preparation for the next report meeting. Among them were Mrs. W. E. Inman, Mrs. J. H. Sellers, Miss Juanita Harper, Mrs. G. E. DeLorme, Mrs. Ludie Mae Strong, Mr. Henry Brown, Mrs. Leola Wimberly, Mrs. J. Russsell Simmons, Mrs. M. D. Simmons, Mr. Andrew J. Lewis, II, Mr. George Dodd, Mrs. Roberta Lanier, and Mrs. Asa Yancey.

In the reports, top honors went to Mrs. P. Q. Yancey, Chairman of the Women's Division, who personally reported more than 6,000.00 in pledges secured. Among the majors, top honors went to the team of Mrs. Horace Collins who reported more than $4,800.00. Mr. R. E. Thomas' team was a close second with approximately $4,100.00.

Detailed figures of the team reports and individual reports will be released in a short time, Cannon said.

Stepto Answers Calloway In County Hospital Fight

The controversy over a proposal for a Southside branch of Cook County Hospital gathered more steam this week as Dr. Robert C. Stepto took issue again with Dr. N. O. Calloway of the Chicago Urban League who opposes the branch.

Denying that he favors a jim crow hospital, Dr. Stepto stated his case in a letter as follows:

It is most gratifying to note that my letter to the Chicago Defender served as sufficient stimulus for Doctor Calloway to attempt to obtain the facts asked for. It is significant that the South Side Branch of the Chicago Medical Society has opposed the issue. The Cook County Physicians Association, at a recent November meeting where Doctor Calloway was a panelist referred the issue to a committee and to date to my knowledge has not issued a formal statement of opposition to the issues involved.

The points cited by Doctor Calloway in regard to the Cook County Hospital officials not supporting plans of decentralization are certainly true. Noteworthy, however, are their emphasis on budget, staffing, and the need for expansion on the West side. The issues of insurance and practice of non indigent medicine are certainly deplorable and reflect problems of inadequate and improper management.

My main issue of difference is that decentralization of the Cook County Hospital by establishing a branch hospital for the overall more adequate care of the indigent patient load from the facts thus presented does not represent jim crowism. Doctor Calloway is apparently mesmerized by the words of jim crow. Again, I must reiterate that no physician actively engaged in practice in the community would gain by a plan to establish a discriminatory institution. Discrimination at all levels is deplorable. The questions that are extremely provocative in my mind are: Is decentralization of an already over crowded institution to more adequately give first class medical care jim crowism? Would the patient load that already goes to the County Hospital be able to afford private medical care or indeed will they seek private medical care; what are the political, personal, or nebulous underlying issues involved, certainly such vehement opposition is not altruistic; and lastly how can an institution that is not off the drawing board, site for location not established, plans of staff formulation not made, be a jim crow institution?

New Corporation Seeks Funds for Medical Clinic

CHICAGO—The Universal Investors Corporation has begun its series of projects within the Chicago area with the acquisition of the areas of land upon which will be built a Neurological Hospital complete with operating room and four floors of the most modern equipment obtainable.

This will be the first time in the Chicago area within the past decade such a venture has been started and put into reality or actual being. The staff will consist of doctors, psychiatrists and nurses from all parts of the world who volunteer their services to the aid of those suffering from neurological ailments.

A private school admitting all qualified applicants will be built on the premises, with dormitory facilities for all students.

Cost of the hospital, plus other structures, has been estimated at one and one-half million dollars. Ground-breaking ceremonies took place Jan. 9. Present was corporation President Charles Ehrlich Davis, plus many civic and political personalities. Construction is being handled by A. Bell & Howe Commercial Builders.

The president of Universal Investors Corporation asks support of his ambitious and energetic plans by the public and other public organizations by their investing in the corporation. Corporation officials spoke glowingly of their plans to commence an all-Negro Airline Company with flights from Chicago to New York and unscheduled flights from New York to Kingston, Jamaica, B. W. I.

The corporation president, Charles Ehrlich Davis, is the first man of color to undertake such a tremendous project and is the youngest. Thirty years of age, born in Jamaica he, with his parents, came to America at an early age. Remembering many personal and group yearnings, he stated: "Such wished for and needed items are my life's work and I shall produce and provide them for my people."

19d 1959 ISRAEL

Unusual Care Given Sick In Holy Land Hospitals

Defender Chicago, Ill. p. 11 Sat. 8-22-59

(EDITOR'S NOTE: This is the fifth in a series of articles by the Rev. Paul E. Turner, pastor of Gregg Memorial AME church in Chicago, who has been on tour in the Holy Land with the Israel Bond Delegation).

JERUSALEM, Israel — Recorded on the ages of the world's greatest book is the question asked by the prophet Jeremiah. "Is there no balm in Gilead; is there no physician there? Why then is not the health of the daughter of my people recovered?" This question has reverberated through the corridors of time and one of the answers was found by me as I visited the Bellinson hospital.

This is one of the world's major hospitals. It has 700 beds and is adequately staffed in every department. This hospital is maintained by the Histadrut which is the labor organization of Israel.

From the information which was given to us we found that it is more than just an ordinary conventional labor organization but it is one which has and is still pioneering in many fields of social welfare in Israel.

Fifteen general hospitals scattered throughout the Holy Land with more than 900 clinics are maintained by the Histadrut which serves more than three-fifths of the total population of the land. An entire family unit is serve by this organization and there is no discrimination as to membership, male, female, professional, nonprofessional, skilled or without any special skill — all are eligible for membership and for whatever medical services they will need. The equipment was quite modern and the hospital well lighted with natural brilliance and very roomy.

AMAZING GLORY

The wonder and the glory of Israel is integration.

We saw many persons all over the land of various cultures and backgrounds who had come in during the period of mass migration and had been absorbed and oriented with little difficulty. This was quite prevalent in the Bellinson Hospital where we saw persons of various hues working together and ministering unto a comparable multi - colored disabled number of patients who had been accepted for treatment.

Truly in this land of Gilead of which Elijah the Tishbite was a part and where Absalom pitched his tent for a short season, we found an answer to the cry of the prophet. There is a balm and there is a physician to help the people recover from illness and the diseases which infect mortal bodies.

TWO THINGS

In life we can do one of two things — be a spectator or a participant. We can wear out or we can rust out. Those who would enjoy life in its fullest are participants rather than spectators.

I was shown the dermatology wing in the hospital which was named after our own Dr. T. K. Lawless, recognized internationally - known dermatologist. When I saw this it brought to mind something he had told me a long time ago and I have never been able to quote correctly except for the last line which to me is the most important. He spoke of seeing inscribed on the wall of the library at Talladega college, "What I had was spent — what I saved was taken and what I gave I have." Isn't this true that by giving we are able to realize our hopes in an abstract form.

Here in a land over 6,000 miles away was a department named after a man in Chicago who had participated in its establishment.

BODY AND SOUL

It does not require a wide extended knowledge of anatomy to know that the human body is in two parts; body and soul or flesh and spirit.

The Histadrut attempts to serve both in helping to secure the best for man in the material and then looking after the physical. "The life is more than meat, and the body more than raiment."

FOREGROUND AND BACKGROUND

I was asked by the medical director of the Dr. T. K. Lawless dermatology department, Dr. I. Katzenellenbogen to give an expression of our interest in this project.

Whatever we want in our background must be placed in our foreground for foreground today becomes background tomorrow.

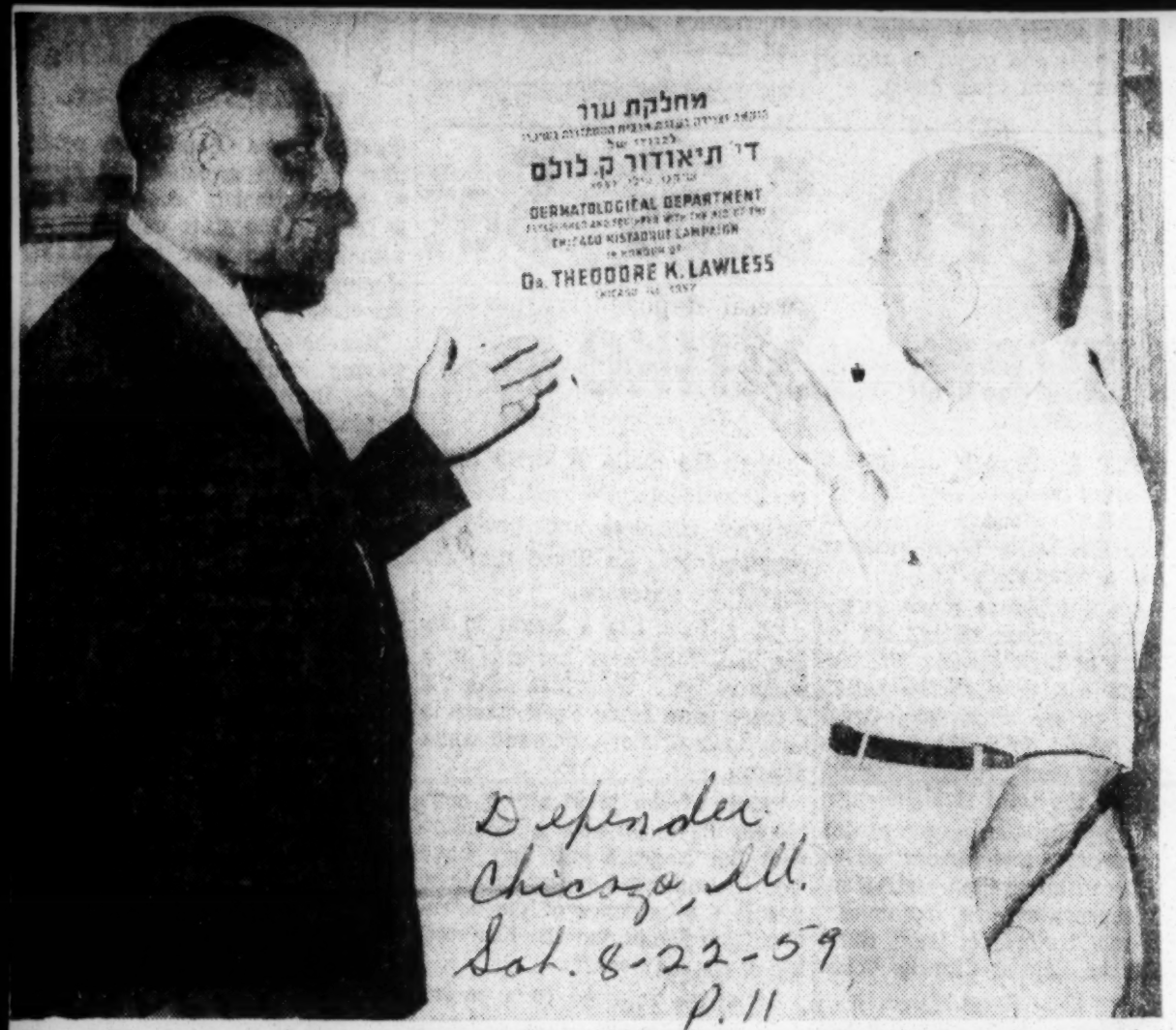
Here we were standing in the T. K. Lawless Dermatology wing of the Bellinson hospital and many of us who live in Chicago had contributed to our material resources to its establishment.

Then and there adequate compensation was received by us in knowing that this department had been and was being beneficial to those who needed its services. Persons who had come from other lands were the recipients of the benefits which came from those of us who had to those who were in need.

Until disease can be completely eradicated and until men can be well permanently there will always be a need for additional facilities in an institution such as the hospital maintained by the Histadrut.

I am sure that as we answered the question of the prophet we left the hospital resolved to see to it that there would be a balm in Gilead, and there would be a physician available so long as we could join hands with others whose spirits were in tune with ours and who were willing to share their fortunes.

DR. SAMUEL ZAKON of Chicago (left), the Rev. Paul E. Turner, Dr. I. Katzenellenbogen, medical director of the dermatology department in the Israel hospital and Dr. Jacob Goodhart, also of Chicago stand with Rev. Turner as he addressed the entire Israel Bond Delegation and the staff of the hospital.



Defender
Chicago, Ill.
Sat. 8-22-59
P. 11

THE REV. PAUL E. Turner, while on tour in Israel is being shown the bronze tablet which marks the wing of the hospital which was erected in honor of Dr. T. K. Lawless of Chicago. This was being pointed out by Isaac Hamlin who is the American representative in Israel of the Histadrut campaign. Rev. Turner, minister of Gregg Memorial AME church here, recently returned from the Holy Land tour with the Chicago Israel Bond Delegation.

Leaves $1,000 To Douglass Hospital

By EMORY G. DAVIS

KANSAS CITY, Kas. — (ANP) — Douglass hospital, the AME church supported institution, has been remembered in the will of the late Mrs. Almeda Lucile Larsen of Shawnee, Kas.

Dr. Eugene H. Kelly Jr., hospital administrator, announced that the deceased had left a $1,000 bequest to the hospital, with no stipulations as to how the money will be used. The hospital proposes, on the strength of this to establish the Almeda Lucile Laren Memorial fund, to assist in building and development activities for the institution.

Representing the hospital at the probate hearing was Atty. Paul L. Gray, general counsel for the board of trustees which includes Bishop R. R. Wright Jr., Los Angeles, president; T. Roosevelt Butler, secretary, and the Rev. J. Russell Brown, treasurer, both of Kansas City.

19d 1959

LOUISIANA

Denial Of Medical Treatment At Charity Challenged By UVL

The United Voters League, Inc.'s president Ellis F. Hull, Sr., revealed in a letter to Governor Earl K. Long, the denial of citizens seeking medical treatment at Charity Hospital.

In the letter to the state's chief executive last week, Hull stated:

"We feel that the fact dealing with the denial of many of our state citizens seeking medical treatment at Charity Hospital, New Orleans, La., has not been called to your attention nor the president of the hospital board appointed by you.

Hull revealed "We know you have always tried to see that the poor and needy people of our state are treated as fairly as possible, where and whenever it was in your power to do so. If you recall, our organization was one of your all-out supporters in your successful bid as chief executive of our state. We supported your candidacy because we were in the knowledge of the interest you had shown for the unfortunate people in the state.

We trust that you and the president of the Charity Hospital Board may see your way clear to discuss this very serious situation of unjust denial of many poor people of hospital treatment, with a view of an investigation that you may be able to determine the facts for yourself.

The letter continues. "You may be assured that we have investigated many complaints. Many persons denied are tenants of the low-rent housing projects: some earn less than 100 dollars per month with two in a family, others with four and five in a family earned less than 200 dollars per month and some are completely unemployed. Denial of treatment to some citizens was based upon the look of a suit or dress, even though it could have been purchased years ago.

Some have been based on a person owning a car, television, or others paying for a car they purchased one or two years ago for transportation to and from their jobs. May we say we do agree there should be regulations and a sound system for accepting patients, but at the same time we feel fair and impartial realistic methods should be used in determining the facts for admittance.

We feel further this great responsibility should be placed in the hands of trained impartial experienced, fair, honest auth-
ori

19d 1959

MENTAL

Nation's Care for Mentally Ill Disgraceful, Flemming Says

WASHINGTON — The Secretary of Health, Education and Welfare Monday said that the mentally ill of this country are receiving "disgracefully inadequate" care and treatment.

Secretary Flemming added that the federal government has a responsibility to crusade in this field. He launched such a crusade with a promise to return to it from time to time.

Flemming also:

Opposed the aid to education bill endorsed last week by the House general education subcommittee, which would provide federal funds for both classroom construction and teachers' salaries. He urged the Administration bill for construction only.

Gravely warned parents against the dangers of accidental poisoning of children by drugs and household chemicals as shown in a study of 4,000 poison cases.

Gave full details of the new bill to give the Food and Drug Administration control of color additives to foods and cosmetics. He said this legislation is "absolutely necessary" to protect consumers.

Many of the United States' 277 state and county mental hospitals, Flemming said, are "little more than custodial institutions" and "inadequate for even the simplest methods of treatment." The average cost per patient per day, he said, is only $4.07 for both care and treatment. This compares with $26 per patient per day in general hospitals, exclusive of physicians' fees.

(The annual report for the fiscal year ending June 30, 1958, showed Georgia allocated $2.46 a day for each patient at Milledgeville State Hospital. The last available national statistics on per patient costs for state mental hospitals showed Georgia ranked 34th in the nation.)

ANOTHER FIRST — Mary Beckett McEnheimer of Pittsburgh, Pa., became the first Negro member of the board of directors of the Allegheny County Chapter of the Pennsylvania Association for Mentally Retarded Children recently. Mrs. McEnheimer teaches mentally retarded youngsters at Larimer School, and has reached state-wide importance in her field through her imaginative approach to teaching the educable group. A dancer who used to star in local operattas and operas, Mary teaches dancing, dramatics and music in her classes.. She has received accolades from the state for the progress evident in her pupils.

WITH US — Mrs. Mary Brooks, native of Auburn, Ala. who received a Master of Social Work degree from Atlanta university last week, has been hired as a psychiatric social worker with the California State Mental Hygiene Dept., at Long Beach.

Rushes To Meet State Standards

The Wheatley - Provident hospital has received a "cease and desist from operating" order issued by the Division of Health of Missouri at Jefferson City.

The hospital's board of directors and medical staff said, however, following an emergency meeting held Monday afternoon, Oct. 12, that they can prevent the hospital from closing if they comply with certain fire and safety requirements set down by the health department although the deadline for meeting those condtions has passed.

On August 26, following an August 3 hearing in Jefferson City, the hospital was given 30 days to meet one set of requirements, 60 days to meet others and 90 days in which to comply with a third list.

The 30-day period ended September 26. When the requirements were not met within the time limit, an order was issued on October 2 by the Health department ordering the hospital to close within 30 days from the receipt of the order.

A financial campaign has been launched, principally among the physicians in the community, to raise $20,000 needed to make the necessary repairs and improvements.

At the emergency meeting Monday, the board members and doctors present pledged $6,000 or one-third of the total amount needed.

Plans for raising the remainder of the money will be made at another special meeting of the board and staff to be held Monday, Oct. 19, at 5 p.m. at the Paseo YWCA.

In the meantime, Theodore Frazier, administrator of the hospital, said yesterday that contributions are being accepted at the hospital's business office, 1826 Forest Ave., from doctors and from members of the general public who would like to give.

Work was begun this week on repairs and renovations at the hospital in accordance with the health division requirements, with the Curtis Byrd Construction company engaged to do the job.

Harold E. Knight of Jefferson City, supervisor of the hospital licensing program in the Missouri Division of Health, visited the Wheatley building yesterday (Thursday) and, upon observing that actual work had begun toward making the improvements, said that it might be possibe for the hospital to remain open if requirements had been met by the first week in November.

"It is not the intent of the Licensing law to close any hospital," said Knight. "The law's intent is to raise standards in all hospitals, to bring about greater fire safety, better patient care and better sanitation."

Knight explained that in 1955 the state legislature passed a hospital licensing law for hospitals, which went into effect in 1957. Hospitals throughout the state were given two years to comply with fire and safety requirements.

In 1957, Knight said, the Health division received a written communication from the board of directors of the Wheatley hospital stating that it planned to comply with the state regulations.

When Wheatley failed to comply with the requirements, the Division of Health sent the board a letter setting August 3 as the date for a hearing when the board should show cause why the hospital's license should not be revoked.

A committee from the board went to Jefferson City for that hearing and made an appeal for more time to comply with the state regulations.

As a result of the hearing, the Wheatley board received a subsequent letter from the Division of Health on August 26 setting forth certain safety requirements that had to be made, some within a 30-day period, others within 60 and still others within 90 days.

At the end of the first 30-day period, representatives of the State Health Division made an inspection of the hospital and found that none of the requirements had been met.

Consequently, Dr. Joseph P. Russell, director of the Section of General and Hospital Services of the Health Division, wrote a letter to Theodore Frazier, Wheatley administrator, on October 2 ordering the hospital closed.

The letter from Dr. Russell read as follows:

"Dear Mr. Frazier:

"The Acting Director of the Division of Health of the State of Missouri directed you to comply with specific fire safety regulations in 30 days in a letter dated August 26, 1959. This letter was a result of a hearing held in Jefferson City August 3, 1959, in accordance with the laws of the State of Missouri pertaining thereto being Section 191 Revised Statutes of Missouri of 1953 and the 1955 Cumulative Supplement, concerning your hospital located at 1826 Forest Ave., known as the Wheatley-Provident hospital.

Based on the re-inspection of Wheatley-Provident Hospital on October 1, 1959, and because of your failure to so comply with the regulations and codes of the Division of Health of the State of Missouri pertaining to the operation of hospitals, the Acting Director of the Division of Health of the State of Missouri does hereby order and direct that you cease and desist from operating said hospital located at 1826 Forest Avenue, Kansas City, Mo., at your earliest convenience and no later than 30 days subsequent of the receipt of this letter.

By the direction of H. M. Hardwicke, M.D., Acting Director.

Joseph P. Russell, M.D.,
Director Section of General
and Hospital Services.

The letter giving the "cease and desist" order, dated October 2, was received at Wheatley hospital on or about October 5 which means that the 30 days will be up on or about November 5.

The first week in November also will be 60 days from the date of receipt of the August 26 letter giving Wheatley 30, 60 and 90 days in whcih to meet certain requirements.

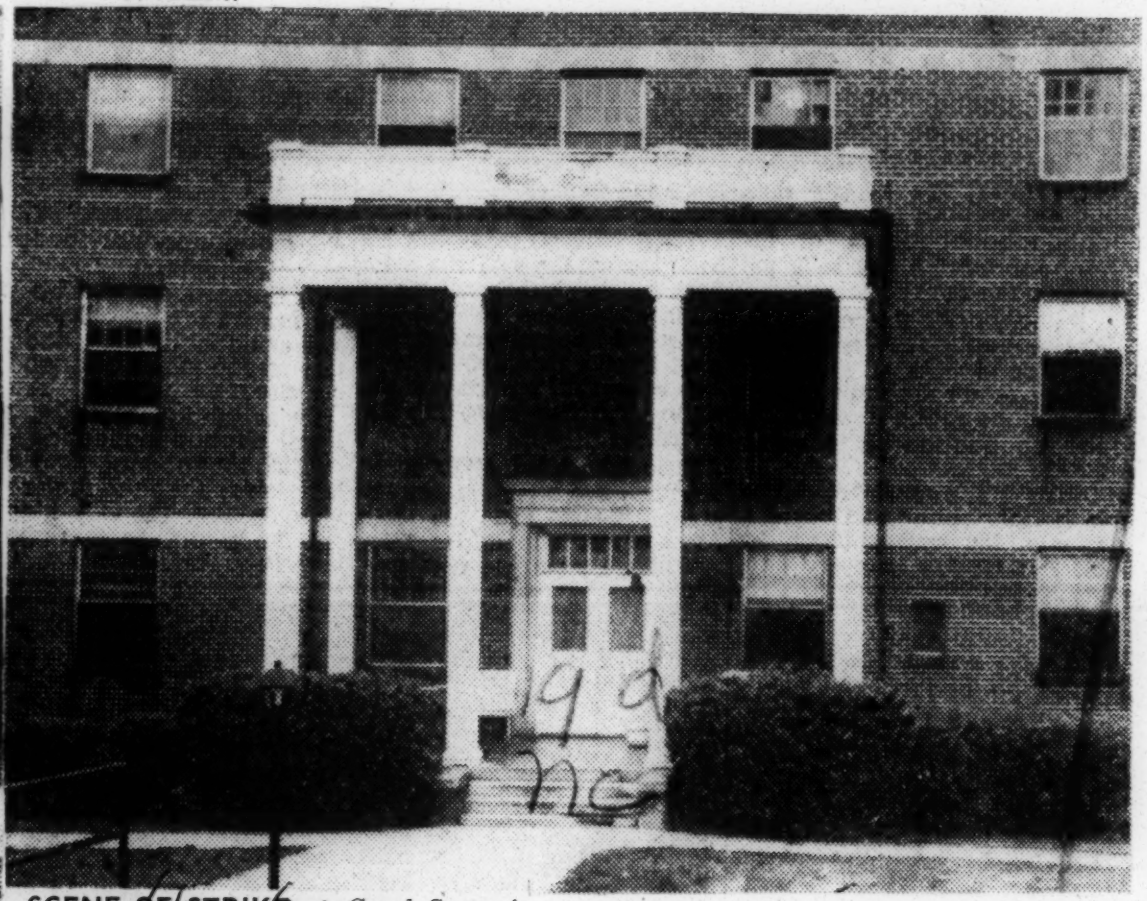
Knight said yesterday that if all of the requirements listed under both the 30-day and the 60-day time limit were met by the end of 60 days, it was quite probable that the hospital could remain open.

John Walls and Burnett Bryant, members of the board, were appointed by the board of directors to supervise the [illegible] and improvement progra

19d 1959

NORTH CAROLINA

NURSING HOME of Good Samaritan Hospital in Charlotte, N.C. drew heavy local criticism not only for its suspension of the student nurses but also for the general condition of the hospital. Only freshmen are still attending classes after the ousting of the 22 upperclassmen. Some of them have been transferred to other schools.



SCENE OF STRIKE at Good Samaritan Hospital in Charlotte, N.C. recently suspended 22 student nurses when the students protested against the unexplained expulsion of a senior. The students petitioned the hospital administration to re-admit them, listing 20 stipulations that must be met if they return.

19d 1959

NORTH CAROLINA

N. C. Negro Physicians Lose Appeal

WASHINGTON (UPI)—Three Negro doctors who have been trying to get permission to practice at James Walker Memorial Hospital in Wilmington, N. C., Monday were denied a hearing by the Supreme Court.

The brief order left standing a decision against them last November when the Fourth U.S. Circuit Court of Appeals held that the hospital was a private enterprise—not city controlled—and not subject to Constitutional ruling on the integration question.

The doctors, represented by lawyers of the National Association for the Advancement of Colored People in New York, argued that the question of whether the hospital was a governmental institution should be argued.

The appeal said modern medicine is practiced in a complex set of institutions where the individual doctor must find a place. It asserted that more and more Negro doctors were staying out of the South because they have been excluded from the "main stream of medical development."

The number of doctors available to Negro residents is declining in proportion to the total Negro population in major southern cities, the appeal argued.

The City of Wilmington and New Hanover County replied that the "hospital is a private institution which does no one a legal wrong by refusing to accept him as a staff member." In any event, the brief added, if there is a wrong it is not done by the city or the county.

The Board of Managers, who also filed a reply, said "When the complete corporate history of the hospital is viewed, the Court can readily see that all of the contracts which it has had with the city and county have been aimed at the advancement of the hospital as a private charitable institution.

Private Hospital Upheld On Negro Doctors

Declined to grant a hearing to three Negro doctors who have been trying to obtain permission to practice at James Walker Memorial Hospital in Wilmington, N. C. The action left standing lower court rulings that the hospital is a private institution.

19d 1959

OKLAHOMA

Major Paul W. Hubbard, MSC Named Hospital Executive

Major Paul W. Hubbard, MSC, was arrived at Fitzsimmons Army Hospital, Denver, Colorado, to assume the position of executive officer of the 249th General Hospital.

The 249th is a training unit, charged with the mission of training officers and enlisted men in the field operation of a military hospital.

Major Hubbard is the son of Mr. and Mrs. George W. Hubbard, 501 West Seminole Street, Nowata, Oklahoma.

Enlisting in the Army in July 1942, Hubbard was sent to Camp Pickett, Va., for basic training. He stayed on at Pickett after basic as a company clerk until March 1943, when he attended the Officer Candidate School at Camp Barkley, Texas. He was commissioned as a second lieutenant in the Medical Administrative Service, a forerunner of the Medical Service Corps, June 1943 and was assigned to the 749th Medical Sanitary Company, Camp Atterbury, Indiana.

In November 1944, Major Hubbard shipped overseas and joined the 726th Medical Sanitary Company, a unity that later furnished medical support for the Third Army in Europe. He stayed with the 726th when it was transferred to the Far East following V-E Day and served in the Philippines and Japan on occupation duty.

He returned to the States in April 1946 and was separated from service.

Coming back on active duty in August 1951, Hubbard was given command of the 164th Medical Collecting Company and took the unit overseas to Germany. In September 1953 he took command of the 556th Medical Ambulance Company, also in Germany.

Since returning to the States in September 1954, he has served at Fort Riley, Kansas, completed the Advanced Officer Course at Brooks Army Medical Center, Ft. Sam Houston, Texas, and served a tour of duty with the 65th Medical Group in Korea.

Major Hubbard is a graduate of Lincoln High School, Nowata, Oklahoma. He earned a BA degree in business administration from Langston University, Langston Oklahoma and took graduate work at the University of Minnesota.

Major and Mrs. Hubbard and their seven children reside at 1868 Gaylord Street, Denver, Colo.

Major Paul W. Hubbard

19d 1959

SOUTH CAROLINA

A Hospital For Negroes Is Dedicated

News & Courier
Charleston, S. C.
Mon. 6-1-59
p. 1B

Dedication ceremonies for the new McClennan-Banks Memorial Hospital on Courtenay Drive yesterday drew a crowd of approximately 650 persons.

The 31-bed hospital which cost $686,000 in county and federal funds will open for patients this week. It has one private room, 11 two-bed rooms and two four-bed wards and a conference room.

19d S.C.

The hospital was termed "the beginning of a crusade against disease" by U. S. Rep. L. Mendel Rivers. The Charleston congressman predicted expansion of the facilities. "It is only the beginning in our cause to alleviate human suffering," he said.

Rivers praised the work of Dr. T. C. McFall, the Charleston physician who will be administrator of the new hospital. He has been a leader in efforts to establish the new unit as a replacement for the old Negro Hospital and Training School on Cannon Street.

Dr. McFall's young son, Bernard W. McFall, cut the ribbon officially opening the hospital during yeserday's dedication.

Other speakers who praised the new medical facility were Dr. G. S. T. Peeples, South Carolina state health officer; J. Mitchell Graham, chairman of Charleston County Council, and Charleston Mayor William McG. Morrison.

The hospital is named in honor of Dr. Alonzo Clifton McClennan and Mrs. Anna D. Banks.

Dr. McClennan helped found the old Negro center and served as its medical director and surgeon until his death in 1912. He was a native of Columbia and a graduate of Howard University schools of pharmacy and medicine.

Mrs. Banks was the first head nurse of the old Hospital and Training School and later became superintendent of nurses. She died in 1930.

The Rev. B. J. Glover was master of cermonies yesterday. The Rev. J. J. Abney gave the invocation and the Rev. F. O. Pharr read Scriptural verses. Mrs. Hazel J. Wilson read a brief history of the old hospital which was founded in 1897.

The formal dedication was performed by Dr. J. W. Taylor.

President of the McClennan-Banks Memorial Hospital, Inc., is Samuel J. Poinsette. The Rev. Glover is chairman of the board of directors and Dr. T. M. McCottry is chief of staff.

19d 1959

Houston Negro Hospital Gets $650,000 D C Grant

HOUSTON — It was learned here Wednesday that the Houston Negro Hospital, located on Elgin at Ennis Streets, will receive a $650,000 grant from the Department of Health, Education and Welfare.

In Washington, Congressman Bob Casey said the money would be used to construct a 70-bed ddition to the hospital. At present facilities at the Third Ward institution accommodates only 53 beds.

Thirty of the 70 beds will be used for patients with acute cases, and the remaining 40 have been designated for general patients.

Construction Of $1,350,000 Plant To Begin In August

HOUSTON — The new Houston Negro Hospital unit will be equipped in the most modern manner available to hospitals today. The construction of the new $1,350,000 plant is estimated to begin about August 1.

The proposed unit will house 70 beds in private and semi-private rooms. Each room is to be equipped with clothes closets, private toilet and bath facilities, an outlet for a telephone, television, patient-to-nurse call system and the newest type hospital bed.

It will be centrally heated and air-conditioned, have a doctor's call system and piped in oxygen.

The surgery and delivery unit will be complete with rooms for major, minor, and specialized surgery; labor and delivery rooms; sterilizing facilities; and a scrub room. There will also be a doctors' and nurses' lounge and locker room, and a fully equipped recovery room.

James A. Robinson, Superintendent of Houston Negro Hospital, pointed out in an interview with a reporter that the public often confuses "equipment", the items necessary to do a job; with "facilities," the things that tend to make a job easier and more comfortable.

The present structure houses the best type of hospital equipment, but the facilities necessary for good patient care and comfort are very inadequate.

The Houston Negro Hospital was built and chartered in 1925. It was donated by Mr J. S. Cullinan in memory of his son, John Halm Cullinan. The purpose of this donation was to provide a place for Negro doctors to practice medicine. It possessed only minimum hospital requirements for theat time.

It is supported by the United Fund, a trust fund also set ur by Mr Cullinan and patient fees A Board of Directors of thirteen leading citizens who are representing the community, govern the operations of the hospital.

A staff of approximately 35 active physicians practice medicine at Houston Negro. They are organized and meet regularly in the interest of the hospital and its srvice to the community.

There is also a staff of 70 full and part-time employees, including an crganized nursing staff.

Mr Robinson indicated that there will be some changes in the present staff. There will be a different classification of positions in the new plant. "The present staff will naturally be doubled" he said.

The services of a pharmacist, physical therapist, and a licensed engineer will be added.

There will be no resident physician since the hospital will not be large enough to meet the American Medical Association's standards for teaching facilities. There are plans in progress for the affiliation of a doctor on an "on call" basis.

After the new building has been occupied, the present structure will be revamped. The two upper floors will provide 30 beds for indigent, chronic, and teaching and rehabilitation type patients. This will give the hospital a total of 100 beds.

In addition to medical, surgical and obstetrical care, there

TEXAS

PROPOSED HOUSTON NEGRO HOSPITAL

The proposed Houston Negro Hospital. A United Fund agency. The $1,350,000 structure is designed by Maurice J Sullivan and Charles P Sullivan, Achitects.

wil be out-paint and clinic service. Also the use of a completely equipped emergency room, will be available.

$650,000 of the funds were obtained from the Hill-Burton hospital funds. $19,000 came from the Ford Foundation. The balance is from the hospital's trust fund.

This money is presently estimated to cover the complete construction, equipping and furnishing of the 100 - bed hospital.

The structure is to be all of brick and fire-resistant materials. The architects Maurice J. and Charles P. Sullivan designed the plant.

"Service first, cleanliness and courtesy, next is the motto of this administration," says Mr Robinson.

The purpose of this new structure is to correct the acute shortage of hospital beds for Negroes in this city.

"We have had almost twice as many more live births per year than other hospitals of comparable size." The superintendent pointed out, "and so far, we have had no difficulty with the recent, troublesome staphlycoccus infection that has plagued some of the other hospitals lately.

Other features of the new hospital will include a staff and patient cafeteria, a hospitality shop adjoining the lobby, central sterile supply dept, and offices equiped for the greatest efficiency.

Mr Robinson has been with Houston Negro Hospital since 1955. He holds a Master of Science degree in hospital administration. He is a graduate of Northwestern University, Evanston, Illinois. Before coming to Houston, he did hospital work in Beiruit, Lebanon.

19e 1959

ALABAMA

MACON COUNTY

MARCH OF DIMES EMERGENCY APPEAL

Please make a generous contribution to the March of Dimes EMERGENCY APPEAL. Every dollar given will be used for patient-care of residents of Macon County. We have used all available funds totalling $4,924.44, to aid six paralytic polio patients in our county.

(Junior Games)

We are penniless right in the middle of the polio season. Will you help us?

Wed. 8-5-59

Please give until it Helps! Helps! Helps! Helps!

THIS IS AN EMERGENCY APPEAL

Apathy Leads Polio On Deadly Resurgence

By CHARLES STAFFORD
Associated Press Staff

A FUNNY thing happened ir Arkansas the other day.

A man called Dr. E. J. Easley, assistant state health officer, and said: "I want to know where I can get my fourth polio shot."

"Why not go back where you got the first three?" asked Dr. Easley.

"Oh, I haven't had the first three," said the man. "I just want the fourth one. I've heard that's the best."

A funny story. But it illustrates two melancholy situations:

1. Polio, beaten back since 1953 when Dr. Jonas E. Salk discovered a vaccine, is counter-attacking heavily in several sections this summer. This has spurred some people to hastily seek protection.

2. Though the vaccine obviously offers protection against the crippling disease, there has been widespread apathy mixed with ignorance toward getting the protective shots.

Serious outbreaks of polio have occurred in Little Rock, Des Moines, Kansas City, Mo., Oklahoma City, Lincoln, Neb., and at two service installations in North Carolina, the Army's Fort Bragg and the Marine Corps' Camp Lejeune.

During the first 29 weeks of this year, the number of polio cases took large jumps over the same period last year in 22 states (see accompanying map). In Iowa and Missouri increase was more than 100 cases.

Through Aug. 1, there were a total of 2,050 polio cases reported in the country, 1,314 of them paralytic. This compares with 1,168—of which 579 were paralytic—for the same period last year.

Dr. Daniel Bergsma, associate director of medical care of The National Foundation, says a virulent polio virus is responsible for the increase in the disease this summer.

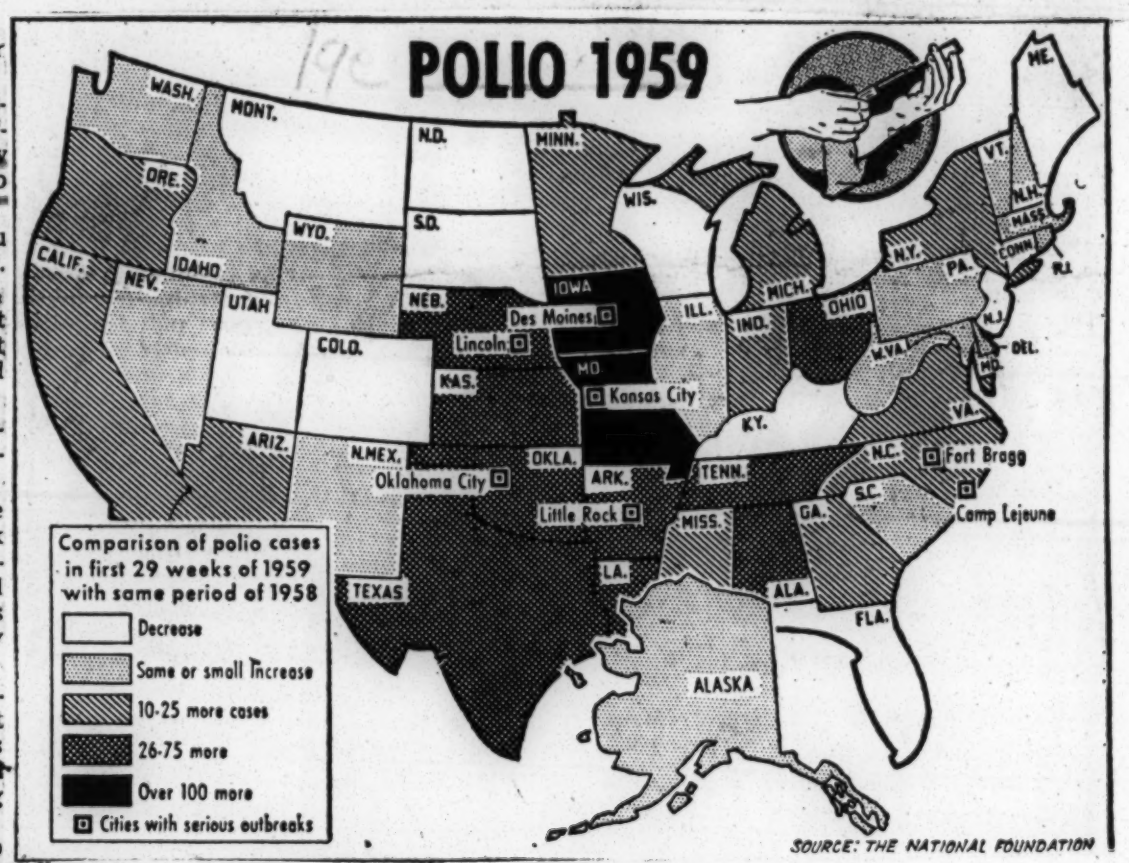
"All persons and especially children who are not vaccinated must assume that their right to choose may soon be gone," he warns. "Once paralytic polio strikes, it can no longer be prevented by vaccination."

In many of the epidemic areas, he says, there is a shortage of Salk vaccine.

"The scarcity is most tragic," says Dr. Bergsma. "The reason is that much of the population failed to take advantage of the considerable supplies of vaccine during the winter months, which meant that Salk vaccine production was reduced. This scarcity will continue for at least several weeks."

The apathy toward the polio shots is evident in figures compiled by The National Foundation on the number of persons who have received them. Almost one-fourth of the 20½ million children under age 5—4,900,000 of them — have received no vaccine. Some 9,200,000 have received three doses while 1,200,000 have the protection offered by four shots.

In the critical "under 20" age group — including the children under 5—11 million of a total of 68,300,000 have received no shots. In the 20-39 age group, 25,100,000 of 46½ million have received none. And among the 62½ million Americans in the "40 and over" group, 55,400,000 have no protection.



LEADERS PLAN DIMES DRIVE

19e

Leaders of three major organizations are shown planning for the 1959 March of Dimes campaign against polio, arthritis and birth defects. Eric DeFreitas, vice president of the National Bowling Association, Homer E. [illegible] grand master of Prince Hall Masons of Michigan and Dr. E. D. Patterson, president of the National Business League, symbolize national leaders who have endorsed The National Foundation's attack on arthritis and birth defects in addition to polio. They urge you and your organizations to give of your service and dollars to the 1959 March of Dimes. The campaign begins Jan. 2.

Population Shift Seen As Factor in Polio Rise

Medical authorities expressed deep interest this week in an article carried last Friday in THE CALL which asked the question, "Does polio strike in certain sections of a city?"

The article evoked considerable comment from laymen as well as medics.

Frank R. Donaldson, regional director of the National Foundation, and Dr. Abraham Gelperin, director of health and hospitals were two who commented.

The article discussed a chart prepared by the Kansas City Health department, which showed that Negro residents of Kansas City had very little polio from 1937 through 1958, but that in 1959 most of the cases in the current epidemic have occurred among Negroes.

The article pointed out further that the greatest concentration of polio is in the neighborhood which in the last few years has changed from white to Negro occupancy. This area was defined roughly as lying from 24th to 35th streets and from Troost to Indiana Ave.

Dr. Gelperin yesterday discussed THE CALL's postulation that housing is a factor in the current epidemic. He was quick to point out, however, that the theory could point to the wrong conclusion.

The key to the current epidemic, he said, is not that Negroes have moved into an area formerly occupied by whites, but that they have moved out of a crowded slum area.

"Housing very definitely is a factor, but it's not the house itself that counts. It's the kind of living conditions that is the deciding factor," he said.

Houses don't spread the virus; only people carry polio, he explained.

Gelperin then pointed to a very important finding of medical authorities: People living in slum areas, under crowded conditions and with poor sanitary facilities develop a natural immunity to polio.

It is ironic that persons living in better housing conditions are more susceptible to polio than persons living in slum areas, Gelperin noted. The reason, medical authorities are agreed, is that persons in the slums develop a natural immunity to the disease.

This conclusion has been confirmed by studies made both in the United States and in foreign countries.

In one Texas city where a virus isolation study was made, it was noted that persons living on the "wrong side of the tracks" were relatively free of polio at a time when the disease was heavily concentrated in the better sections of town. This was true despite the fact that the slum section was "thick with the virus."

The same pattern was found in China and Korea where American GI's were falling victim to the disease while natives of the country were escaping it.

Analyzing this year's epidemic, Gelperin said three influences should be considered.

- Because of the urban development program which caused great displacement of Negro families, many Negroes are now living in better housing conditions than in previous years. There is less crowding and better sanitation.
- The birth rate is considerably higher among Negroes than among white persons, thus offering more potential victims for the disease to strike. Polio, traditionally, is a young people's disease.
- Finally, the Negro community is still the most poorly immunized with Salk vaccine.

Interpreting these factors, Gelperin said that the Negro community in gaining better housing apparently has lost its natural immunity.

The national office of the National Foundation also was interested in THE CALL's population shift theory, Gelperin said. He said that he talked via long distance with the foundation's associate medical director Wednesday and that he, too, agreed with the "natural immunity" explanation.

"We thought it amazing that THE CALL, without benefit of medical knowledge, should hit on the key—even though you may not have put the correct interpretation on it," Gelperin said.

THE CALL's article noted also that in the last 22 years, from 1937 to 1958, Kansas City recorded only six deaths among Negroes from polio. But in the summer of 1959 alone, six of the city's seven fatalities have been Negroes.

In 1952, when Kansas City recorded its highest number of polio cases—262—only 20 of that number were Negroes. And only three of the 20 deaths were Negro patients. Contrast that with this year when 103 of the city's 130 cases are Negroes.

Donaldson, who is director of region 5 which is made up of Missouri, Oklahoma, Arkansas, Texas and Louisiana, said that he plans to send THE CALL's article to the New York office of the National Foundation to see whether officials there think there is any merit to a study of the theory proposed in the article that polio seems to strike in certain areas of a city.

C. R. Houston, chairman of the Jackson County chapter of the National Foundation, this week urged organizations and individuals to make contributions to the National Foundation for the care of polio patients. Donations may be sent to the Jackson County chapter of the National Foundation, 925 McGee St. He said that any money received would be used to pay the hospital bills of polio patients and to provide rehabilitation for paralytic cases.

Charles H. Bynum Makes Plea For Aid At Meeting

Doctors In Session Of National Medical Association In Detroit, Told Of Increased Cost Brought On By Epidemic, Formerly Known As "Infantile Paralysis."

"Widespread polio virus of a virulent type is striking with a high ratio of paralyzed polio patients. This discrimination by polio against unvaccinated people is seemingly inflicting the highest ratio of paralysis on Negro communities," Charles H. Bynum, Chief of Intergroup Relations for the National Foundation, stated before the Women's Auxiliary to the National Medical Association meeting in national convention at the Sheraton Cadillac Hotel, Detroit, Mich., Tuesday, August 11.

He continued: "The American people financed with March of Dimes funds the development of safe and effective vaccine. Yet more than half of the population remains unprotected against paralytic polio."

Bynum said: "The heavy financial costs of aid to polio patients stricken in recent years, and continuing to require assistance, have exhausted the treasuries of hundreds of National Foundation (formerly "for Infantile Paralysis") chapter across the nation."

"There is increasing evidence that polio may be following a new pattern. Unfortunately polio is crippling Negroes way out of proportion to their ratio to the total population. This is largely the result of the extent of lack of protection provided by polio vaccination. Every community leader must help in the effort to increase the use of polio vaccine by everyone, especially pre-school children, teenagers and young adults," Bynum reported.

"This summer many thousands of March of Dimes volunteers are giving up their vacations to raise funds to provide aid for victims of polio. The New March of Dimes must continue to provide assistance for nearly 50,000 persons paralized by polio before 1959 and also begin the support for crippling caused by birth defects and arthritis," Bynum said.

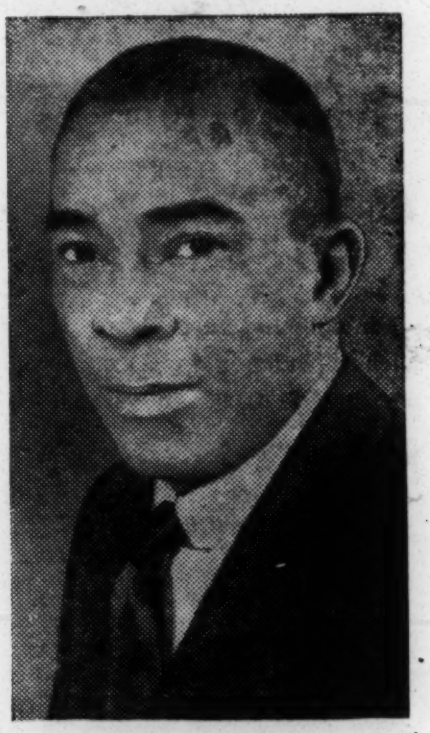
Attending the National Medical ciation and women's Auxil- to the NMA, Bynum is begin-

Charles H. Bynum

ning a cross country tour to speak at national conventions of Zeta Phi Beta Sorority, The Shrines and Daughters of Isis. He will also confer with state and local National Foundation officials and volunteers, and visit polio epidemics and suspect areas in Texas, Oklahoma, Arkansas, Nebraska, Arizona, Iowa, Florida and Alabama.

Charles Bynum, Visiting U.S. Epidemic Area, Says Polio Is Hitting Negro Hardest

Detroit, Mich.—"Widespread polio virus of a virulent type is striking with a high ratio of paralyzed polio patients. This discrimination by polio against unvaccinated people is seemingly inflicting the highest ratio of paralysis on Negro communities," Charles H. Bynum, Chief of Intergroup Relations for The National Foundation, stated before the Women's Auxiliary to the National Medical Association meeting in national convention at the Sheraton Cadillac Hotel, Detroit, Mich., Tuesday, Aug. 11.



Charles H. Bynum

"There is increasing evidence that polio may be following a new pattern. Unfortunately polio is crippling Negroes way out of proportion to their ratio to the total population. This is largely the result of the extent of lack of protection provided by polio vaccination. Every community leader must help in the effort to increase the use of polio vaccine by everyone, especially preschool children, teenagers and young adults," Bynum reported.

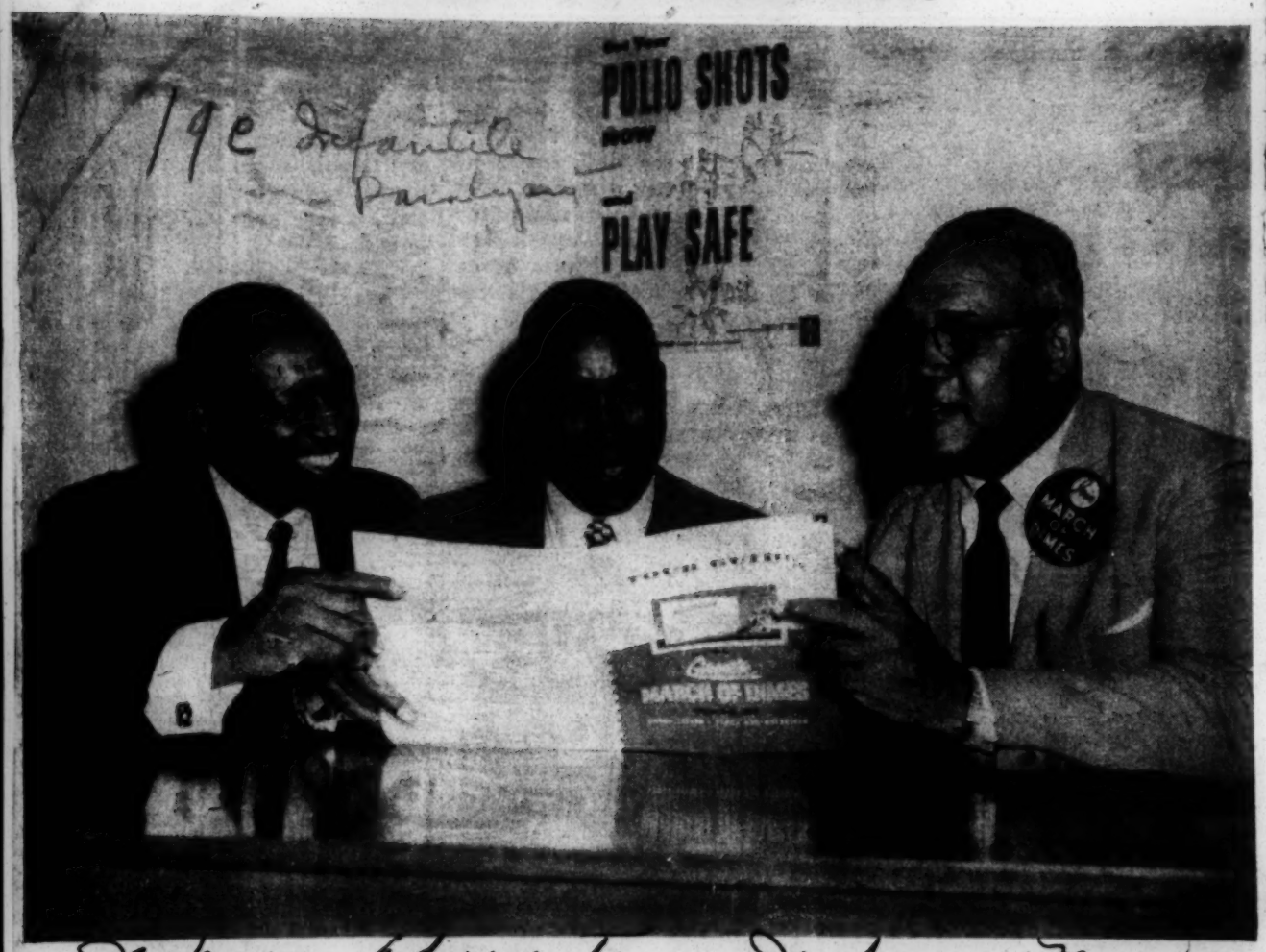
Raising Funds

"This summer many thousands of March of Dimes volunteers are giving up their vacations to raise funds to provide aid for victims of polio. The New March of Dimes must continue to provide assistance for nearly 50,000 persons paralyzed by polio before 1959 and also begin the support for crippling caused by birth defects and arthritis," Bynum said.

Cross Country Tour

Attending the National Medical Association and Women's Auxiliary to the N.M.A., Bynum is beginning a cross country tour to speak at national conventions of Zeta Phi Beta Sorority, The Shriners and Daughters of Isis. He will also confer with state and local National Foundation officials and volunteers, and visit polio epidemics and suspect areas in Texas, Oklahoma, Arkansas, Nebraska, Arizona, Iowa, Florida and Alabama.

Leaders Plan Dimes Drive



Leaders of three major organizations are shown planning for the 1959 March of Dimes campaign against polio, arthritis and birth defects. Eric DeFreitas, vice president of the National Bowling Association; Homer E. Gaines, grand master of Prince Hall Masons of Michigan and Dr. F. D. Patterson, president of the National Business League, symbolize national leaders who have endorsed The National Foundation's attack on arthritis and birth defects in addition to polio. They urge you and your organizations to give of your service and dollars to the 1959 March of Dimes. The campaign begins Jan. 2.

Plan Dimes Drive—Leaders of three major organizations are shown planning for the 1959 March of Dimes campaign against polio, arthritis and birth defects. Eric DeFreitas, vice president of the National Bowling Association; Homer E. Gaines, Grand Master of Prince Hall Masons of Michigan, and Dr. F. D. Patterson, president of the National Business League, symbolize national leaders who have endorsed the National Foundation's attack on arthritis and birth defects in addition to polio.

March Of Dimes

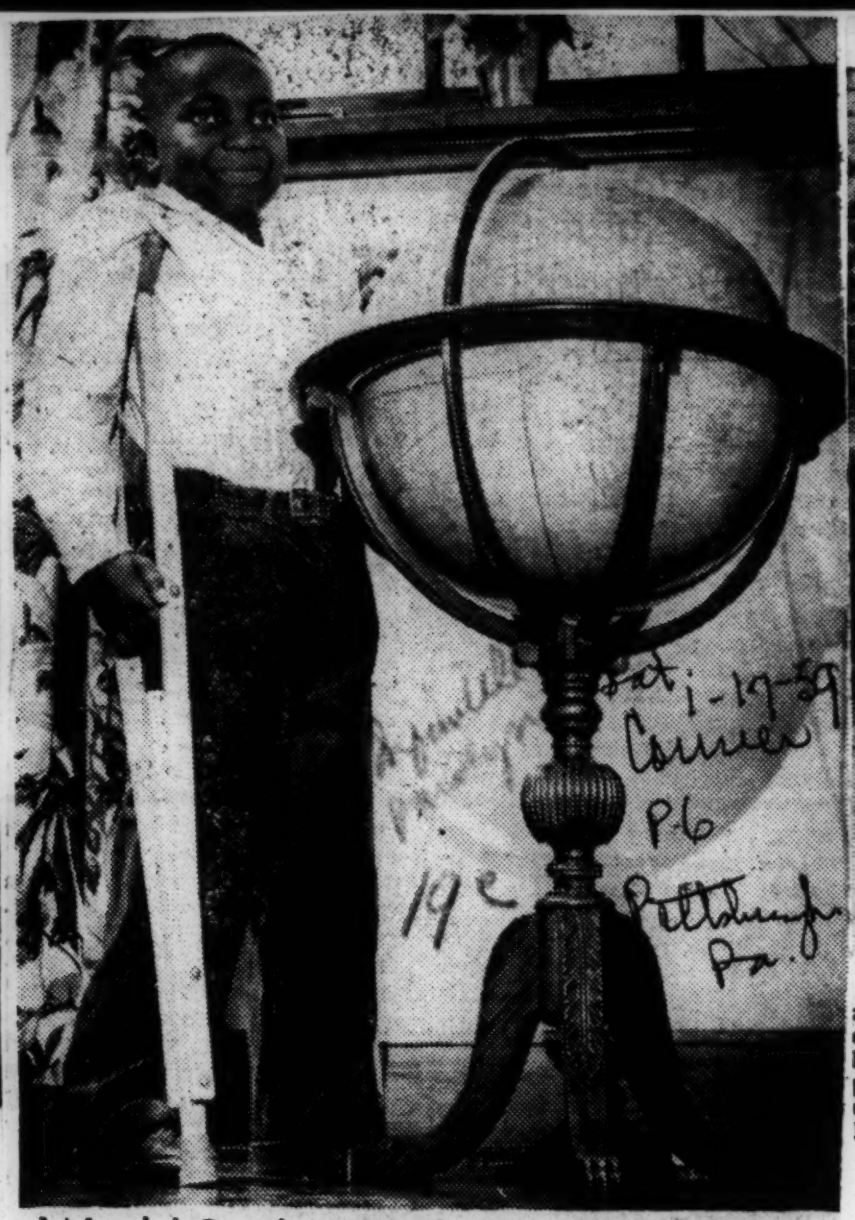
(From The New York Times)

The facts of the continuing war against infantile paralysis are well known to the public. Annual widespread support of the March of Dimes has financed aid for thousands of polio patients in desperate need of care and treatment. More than that, the contributions have made the Salk vaccine a reality.

Now March of Dimes research experts are using the knowledge gained in the polio fight to learn the secrets of other virus diseases. These experts are working to control viruses that damage human cells, resulting in illness, crippling and death for millions of persons. The research teams are also seeking to find the causes of birth defects and discover how they can be prevented.

March of Dimes aid will now be given to arthritis patients through the age of 18. Arthritis and rheumatism cost the nation some $1,500,000,000 each year in lost wages and tax money. Generous contributions to the 1959 March of Dimes campaign, now under way, will make certain that needed funds will continue to be available for this most necessary work.

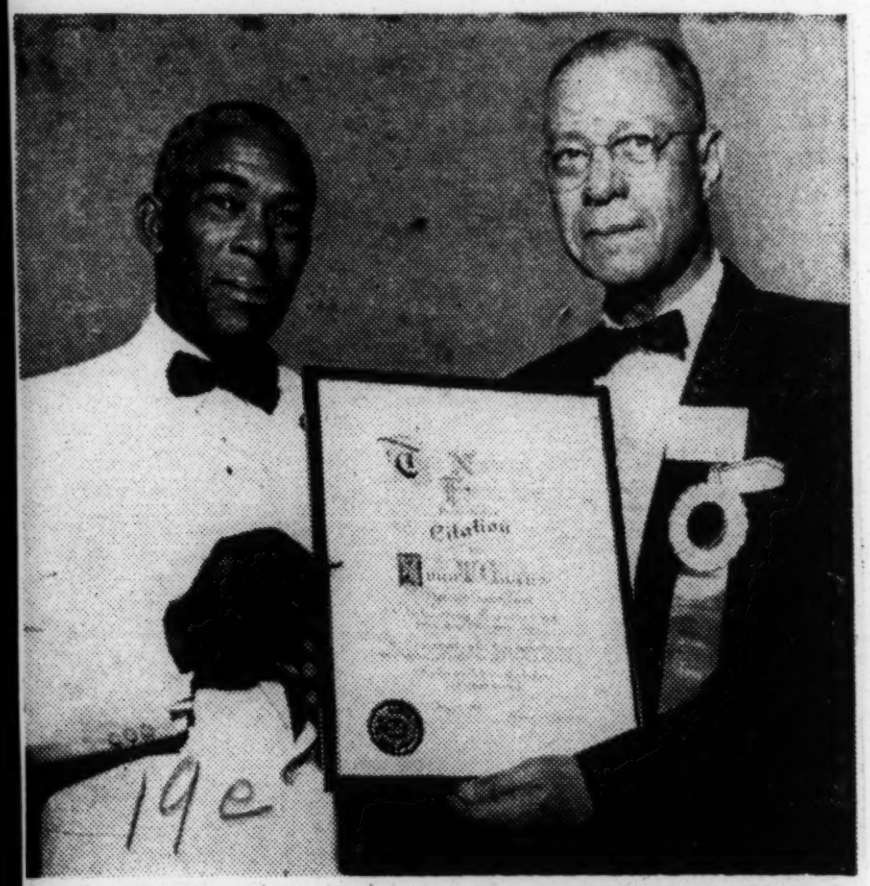
DIMES BRING SMILES OF HOPE.—Mrs. Ethel Kight, of LaGrange, Ga., president of the National Congress of Colored Parents and Teachers, smiles with these girls who represent the thousands of youngsters who will be helped by the 1959 March of Dimes campaign against polio, arthritis and birth defects. Regina, 5, is crippled by polio and Lois, 13, is suffering from arthritis. In addition to polio, The National Foundation in its expanded program offers new hope to the children handicapped by arthritis and birth defects. You can keep them smiling by joining the 1959 March of Dimes, Jan. 2-31.



World Smiles With Him—Little Eddie smiles because March of Dimes funds were available to provide adequate medical care for him. He is just one of the thousands of children disabled by polio, arthritis and birth defects who will benefit from the 1959 campaign. Join the March of Dimes, Jan. 2 to 31.

SEE, I CAN WALK!

This child stricken by polio and thousands of other children afflicted by polio, arthritis and birth defects will walk only because you cared enough to give to the 1959 March of Dimes. More disease fighters like Dr. John F. Hume, chief of orthopedic services at the Tuskegee Institute hospital, will be trained with March of Dimes funds. Give to the March of Dimes, Jan. 2-31.



NATIONAL FOUNDATION HONORS MEDICAL EXECUTIVE— Charles H. Bynum, left, Chief of Intergroup Relations, The National Foundation (formerly Infantile Paralysis), presents citation to Dr. John T. Givens of Norfolk, Va. It reads "The National Foundation presents this citation to Dr. John T. Givens, physician-leader-friend, for his untiring efforts which helped bring about polio prevention. For his compassion for those suffering from the crippling of arthritis and birth defects. For his work toward a better, healthier world."

March Of Dimes Fund Drive Slated Here January 16-18

Samuel B. Ethridge, assistant chief of the intergroup relations division of the National Foundation, New York City, is scheduled to be in Birmingham for three days, Jan. 16-18, to assist the local division of the 1959 March of Dimes fund campaign.

The local county chairman, Everharding Pruitt, announces that Mr. Ethridge will make several public appearances while in Birmingham for the purpose of clarifying and giving clear-cut interpretation of the expanded program of the National Foundation and the March of Dimes.

Mr. Ethridge will be present at a March of Dimes breakfast sponsored by the local Beauticians' Committee on Friday morning, Jan. 16, at the 18th Street Branch, YMCA, between the hours of 5:00 a.m. and 9:00 a.m. It is expected that he will address the general assembly of the grade meeting of the Birmingham teachers at Parker High School at 9:00 a.m. on Saturday, Jan. 17, and also the Jefferson County P-TA Council at 10:30 Saturday morning at the Masonic Temple.

Arrangements have been made for two radio interviews on Saturday afternoon at 2:30 and 3:45 over stations WJLD and WEDR.

On Saturday, Jan. 18. Mr. Ethridge is scheduled to speak to the Marching Mothers' annual coffee hour at 4:00 p.m. at Lane School. N. E. Wills, chairman of the Mothers' March, will be in charge.

Mr. Ethridge joined the March of Dimes organization in 1958 following a career as teacher and administrator in the Mobile, Ala., public school system.

Samuel B. Ethridge

Dr. Salk And Health Leaders Meet With Teens At Ann Arbor

By Robert Gibbs

ANN ARBOR — Today's teens got a close look at tomorrow's health problems at the recent youth conferences at the University of Michigan, held in connection with the national opening of the 1959 March of Dimes campaign against polio, arthritis and birth defects.

In four days of sessions with world famous leaders in health and medicine, 48 of the teen leaders representing 35 states heard both pleasant and grim predictions for the future.

Dr. Edward L. Tatum, 1958 Nobel Prize winner in medicine, said that he had faith in man's ability to adjust not only to the hazards of atomic energy, but also to the challenges of living together in world brotherhood.

POLIO VACCINE

Dr. Jonas E. Salk, who developed the polio vaccine under a March of Dimes grant, suggested a fourth not of the commericial vaccine as a temporary expedient until its potency can be increased to the point where three injections will give complete and lasting protection, "an attainable objective."

Dr. Alexander Langmuir, of the Communicable Disease Center, the Public Health Service, said there had been an ominous rise in polio incidence in 1958 and Dr. Gunnar Gundersen, president of the American Medical Association called for new ways to vaccinate the uninformed, the indigent and the complacent before the 1959 polio season.

Basil O'Connor, president of The National Foundation (formerly "for Infantile Paralysis"), said that unless research in the next decade received three times as much money as it now gets from public contributions and industry, "the U. S. could not maintain its physical, material and cultural progress in a world of highly competitive nations."

PROBLEMS DISCUSSED

Among the problems and solutions discussed by the young people were the following.

How to recruit teenagers for work in the new program of The National Foundation, involving birth defects and arthritis as well as polio?

Answer: "Point out to teens that as the parents of tomorrow, any research breakthroughs today will benefit their future families," Don Riggin of Bauxite, Ark., suggested.

How to convince the public that getting a full series of Salk shots is still a major health responsibility?

Answer: "Make getting vaccinations fun, and make it easy," said Kent Johnson of Salt Lake City, Utah. "Back home, we hold Family Night Dollar Clinics, at which any one of any age can get a Salk shot for $1. People turn out in droves."

How to increase the number of trained medical workers in this country?

Answer: "Help deserving students to meet their tuition." said Patty Hicks, a freshman at Northwestern University, Evanston, Ill. "Make it a project for high school students to be aware of all types of scholarships available, particularly The National Foundation's new $12,000,000 scholarship program."

And what was the reaction of National Foundation officials?

Said Basil O'Connor, president of the March of Dimes organization: "We wanted the suggestions of the pation's teens, the fastest growing segment of our population. And we got plenty of ideas that will guide us in developing our program beyond polio into improvement of the nation's health."

98 Million Americans Have Not Taken Anti-Polio Shots

The fact that 98 million Americans still have not taken advantage of the Salk anti-polio vaccine was termed a national disgrace by Basil O'Connor, president of The National Foundation in a statement released on the eve of the fourth anniversary of the licensing of the vaccine.

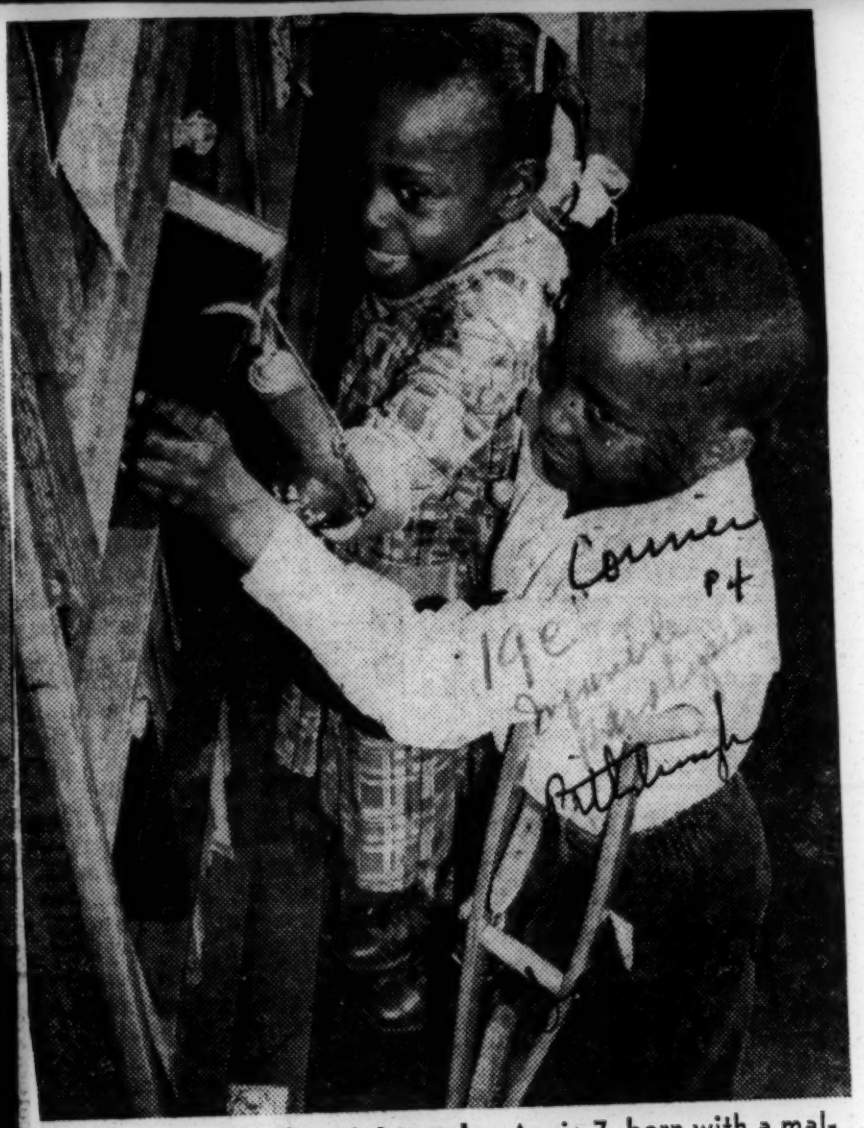
April 12th marks the fourth anniversary of the announcement by scientists, at Ann Arbor, Michigan, that the Salk vaccine was "safe, effective and potent" and would prevent paralytic polio.

"The existence of this appalling number of unprotected Americans, including six million children under five years of age — at a time when there is ample polio vaccine and the surplus is spoiling on the shelves — is a poor commentary on our intelligence as a people," the head of the March of Dimes organization declared.

Mr. O'Connor remarked that indifference to polio vaccinaton persisted today despite the horrifying example last year, in the Detroit area where an epidemic struck down 876 persons, 23 of whom died. In Detroit and in other areas where polio struck last year, the bulk of cases were from low income areas where relatively small portions of the population had secured the anti-polio vaccinations. So far in 1959 the number of polio cases has exceeded the number for the same period in 1958.

"Vaccination of both children and adults must start immediately if our nation is to ward off polio disaster next summer," Mr. O'Connor said, adding, "There is still time to get in two of the three shots before the polio season is upon us."

STILL TIME FOR YOU—But not for Gary Christian of Decatur, Ga. He was stricken with polio six months before the Salk vaccine was announced. After four years there is still time for 98 million Americans to get their shots started before the polio season begins.



Dimes Lend a Hand—Annie 7, born with a malformed left arm, and Eddie Harris, 7, crippled by polio, speak for the thousands like them afflicted with birth defects, polio and arthritis who ask you to lend a hand. You can lend a hend by giving your time and dollars to the 1959 March of Dimes, Jan. 2-31.

19i 1959

Nurse Cited— Ambassador George A. Padmore of Liberia observes citation presented Clara Elizabeth Beverly by Lucia A. Rapley. Miss Beverly (center) was honored at the citation banquet given at Sheraton Park Hotel in Washington, D. C., by the Freedmen's Hospital School of Nursing Alumnae Association. The citation was given for more than 30 years of outstanding work in the field of nursing and nursing education extending from an Indian reservation in New Mexico to a Liberian hospital.

ELMORE TRAINING CLINIC HELD:

Midwives Still Key Figures In Rural Negro Communities

By KATE HARRIS
Journal Mid-State Bureau

WETUMKPA—Gradually disappearing from the Alabama scene, yet still important figures among the state's rural Negro population, are the community midwives.

Probably the best informed person in this area on the role of today's midwife is Mrs. Mary Lee Parker, of the State Department of Public Health, who travels through Alabama issuing licenses to those who can pass the qualifications.

To be licensed they are required by the state to be able to read and write intelligently, to pass a physical examination and to be of good moral character.

NUMBER DECREASES

Although the supply of midwives is dwindling and Mrs. Parker is the first to admit she has difficulty finding enough young women to take the places of those growing too old to remain active, the number of births presided over by midwives is still notable.

According to state records, 13,115 of the 83,394 babies born last year were delivered by midwives — or above 16 per cent of the children born in the state.

There are about 1,000 licensed midwives in the state.

Elmore County alone has 14 licensed midwives and Miss Rubie Sanford, public health nurse, who assists in conducting clinics for them remarks, "Our big problem is finding as many as we need."

Oldest one in the county is Harriett Pearson, who lives near Eclectic and is 84 years old.

"Usual charge for a delivery," said Mrs. Parker, "is $25 but often they take what the patient is able to pay. Some of them are willing to accept payment in potatoes, chickens or whatever the family has on hand."

HIGHER WAGES

Although few are qualifying for the job today, possibly because of higher wages in other fields, Mrs. Parker says she finds those who qualify are, as a rule, more efficient than the typical "granny" of the past.

"Many have worked in doctors' offices, or in obstretical departments of hospitals and feel that there is a real need for trained medical assistance for women who cannot afford hospital service when their children are born," she said.

Mrs. Parker also cooperates with county health departments in conducting instructional courses for recently licensed midwives.

"We supply them with a manual containing proper medical information and provide them with supplies, such as silver nitrate to prevent eye infections in the newborn, sterile dressings and scissors, and equipment for sterilizing other instruments," she explained.

The state and county also keep on hand incubators which they rush on call to any midwife who has assisted in the birth of a premature baby.

PERIODIC CHECKS

"We check on those we license at intervals and if we receive

FOLLOWERS OF a vanishing occupation, four midwives gather in the Elmore County health department to receive instructions from qualified nurses on caring for their patients. Pictured are: Miss Rubie Sanford, public health nurse; Annie Mae Williams, Wetumpka; Louize Samford, Titus; Lucinda Mathews, Wetumpka; Isabella Wheeler, Tallassee, and Mrs. Mary Lee Parker, nursing consultant, state health department.

Practical Nurses Name Mrs. Annie White Prexy

By E. B. WALLACE

Mrs. Annie M. White, was elected president, Licensed practical Nurses Association of Alabama Inc. Thursday during the annual session held here at Hutchinson Street Baptist Church.

Mrs. White suceeded outgoing Mrs. Edna J. Price who served for four years. During her tenure the records reveals many outstanding achievements.

Other elected officers for 1959-60 include Mrs. Lureatha Albritton, vice-president; Mrs. Mary Thomas, secretary; Mrs. Rosie L. Epps, financial secretary; Mrs. Edna W. Brooks, treasurer.

The convention, which went into session at Hutchinson Street, Wednesday, closed Friday following reports and other features. Among the activities was a luncheon Friday afternoon. The Raven Drive-In, courtesy of Mis Addie B. Payne RN who also made an award to a nurse selected for rendering outstanding service beyond the line of duty.

Several workshop features were included on the program. Mrs. Yvonne Caple RN conducted a Revue Thursday afternoon. The incoming officers were installed in an impressive candlelight service Thursday night. Ceremonies were conducted by Mrs. Price, asisted by Mrs. E. H. Wallace, outgoing vice prexy and Mrs. Mollie A. Howard, president local No. 2.

Mrs. Price commended members of the local and citizens for hospitality extended the nurses during their three day tenure.

Anesthetists To Meet Sept. 21-25

Defender Chicago Ill.
Jan 7-12-59.

ST. LOUIS, Mo. — A continuing education program for nurse anesthetists will be held at the Pick-Melbourne hotel here Sept. 21-25, sponsored by the Catholic Hospital Association of the U.S. and Canada. Approximately 75 nurse anesthetists representing hospitals in 18 states will attend.

Faculty for the five-day program will be: Byron A. Barnes, St. Louis college of Pharmacy; Dr. Seymour Brown, assistant professor of anesthesiology, St. John's hospital, St. Louis; Dr. Edward R. Levine, Chicago Medical School and director of the department of inhalation therapy Edgewater hospital, Chicago;

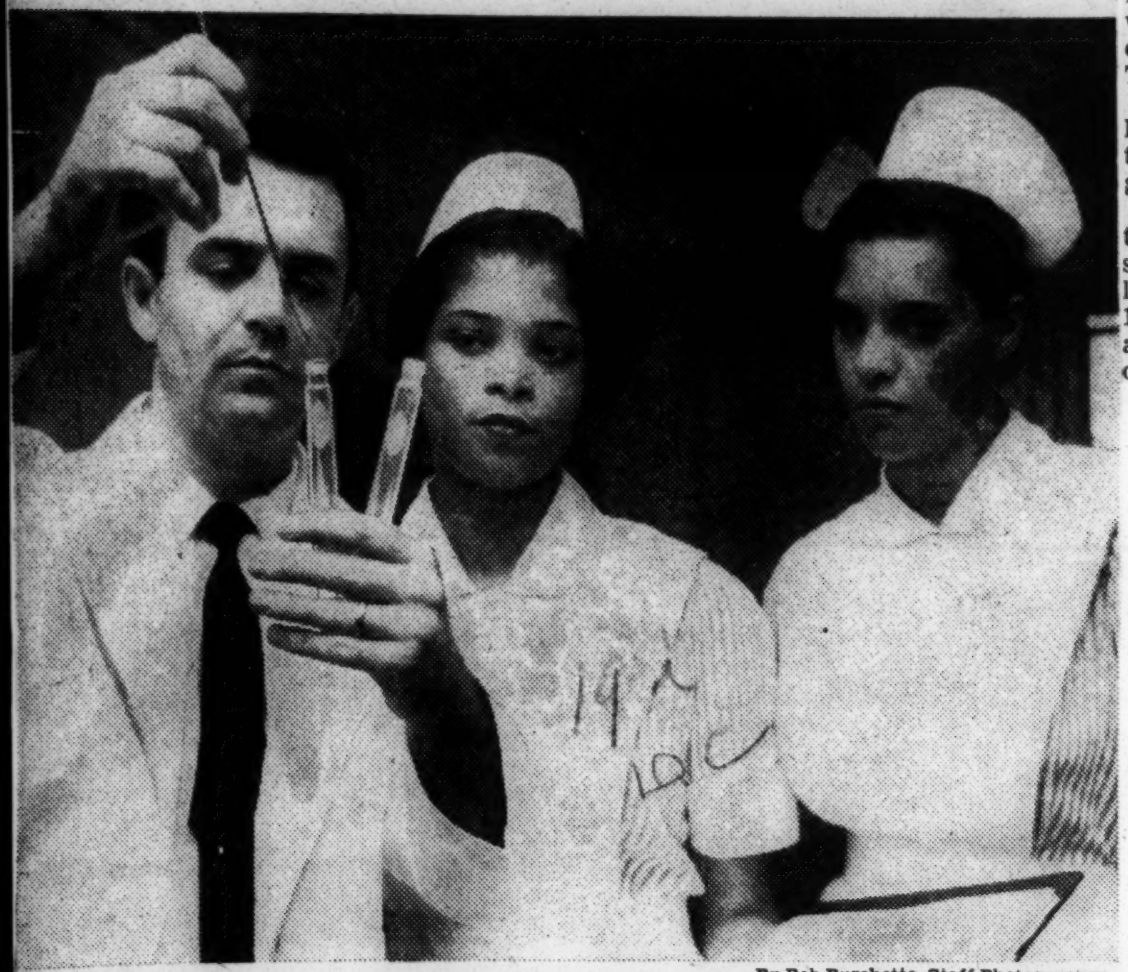
Dr. Trier Morch, Cook County hospital, Chicago; Dr. John F. Schweiss, department of anesthesia St. Louis university School of Medicine and anesthesiologist, Cardinal Glennon Memorial hospital, St. Louis; and Dr. George J. Thomas, chairman of the section on anesthesiology, University of Pittsburgh.

The program will open Monday, Sept. 21 at 9 a.m. The Rev. John J. Flanagan, S.J., executive director of the Catholic Hospital Association; John T. James, director of the Association's department of continuing education and Paul R. Donnelly department of hospital administration, the Catholic Hospital Association will speak.

Dr. Edwin R. Levine will address the group on the "Latest Developments in Inhalation or Oxygen Therapy." Sessions will be from 9 a.m., until 4 p.m., each day.

191 1959 D.C.

D. C. General to 'Cap' First Male Nurse



By Bob Burchette, Staff Photographer

Richard C. Kreisl, 28; Anita Nickens, 20, and Joan Hearns, 20, are three pioneers in the graduating class of the Capital City School of Nursing.

By Jean White
Staff Reporter

One member of the graduating class of the Capital City School of Nursing will never don the uniform dress of a graduate nurse.

Instead, 28-year-old Richard C. Kreisl will be wearing his stiffest-starched white pants and jacket when he lines up with his 10 classmates to be pinned June 9 at graduation exercises at D. C. General Hospital. He is the first male nurse to ge graduated from the nursing school in its 82 years. Once known as the Washington Training School for Nurses, it is now part of D. C. General Hospital.

Dick, married to a nurse and the father of three children, is one of three pioneers in the graduating class. The other two are Joan Hearns, 20, and Anita Nickens, 20, the first Negro graduates of the nursing school.

Untroubled Male

Being the lone male in the class didn't bother Dick. As a matter of fact, he enjoyed the situation.

"Often I'd be mistaken for an intern or doctor in the hall," he recalled with a smile.

He even went to some nurses' teas. He also had a room in the nurses' residence—in the interns' quarters, although he lived at home with his wife and three sons at 611 Condon ter. se.

Dick got his idea for both a career and a wife while in the Navy. He was a hospital apprentice third class when he met his wife, Shirley, at the Corpus Christi, Tex., naval hospital. Shirley, a graduate of Georgetown Hospital School of Nursing, now returns to duty two night a week while Dick babysits with Charles, 3; Jerome, 4, and Richard, 5.

Encouraged by Wife

"Shirley encouraged me a lot," Dick said. "We both feel there is a great need for male nurses, particularly in the psychiatric field."

When he's "pinned" June 9, he will return for duty to Chestnut Lodge, Rockville, where he was a psychiatric aide for two years before going into training. He also wants to go on for a bachelor of science degree at D. C. Teachers College.

Both Anita and Joan also have their eye on graduate training while working on the general staff at D. C. General.

Joan, who lives at 1828 Central pl. ne., hopes to make a specialty of obstetrics or public health nursing. Anita, of 1333 T st. nw., is thinking of advanced work in pediatrics or public health nursing.

Chicagoan First Negro Elected

ORLANDO — Grover McGee, a native of Chicago, sophomore student in nursing education at Florida A & M university, was elected first vice president of the Student Nurses Association of Florida.

This marked the first time that a Negro has been elected to such a position since the establishing of the Florida Nurses Association in 1909.

McGee heads two committees, a delegate to the 1960 national convention and has to plan a program for the next student nurses convention in October, 1960, in St. Petersburg.

FRONTIERS FEATURE MRS. LUDIE ANDREWS

The Atlanta Chapter of the Frontiers of America featured as their guest speaker at their regular weekly luncheon, Mrs. Ludie Andrews, retired nurse of this city, in a special address on the Negro nurses and their early struggles.

Mrs. Andrews is in fact, dean of the Negro nurses of Georgia and one who has made an unparalelled contribution in that important field.

She was introduced by Jesse O. Thomas, president of the Frontiers, who extolled her many virtues and sacrifices for this cause in the state of Georgia.

It was revealed that early in 1906, Mrs. Andrews began the fight for the registration of nurses in the state of Georgia. Prior to that time, Negro nurses were not permitted to register and through her efforts, they gained the right to take examinations and register as other nurses.

It was interesting to note in that early time, Miss Andrews resorted to legal means to secure for the Negro nurses this right.

It was by this effort that the Negro nurses came into what they enjoy today, as standard professional people, with rights and privileges as other professional practitioners.

Mrs. Andrews, who was head nurse at the Grady Hospital in charge of colored nurses, and who served many years as head of the McVicar Hospital unit at Spelman College, gave a detailed account of her work in the state among Negro nurses.

She is on record as the organizer of Negro Nurse Training Unit which gave the nurses professional status.

Informative and fraught with many historical events, never heard before by many in attendance, Mrs. Andrews paid high tribute to the citizenry of Atlanta and the Frontiers who gave this opportunity for these gems of expressions for our record books.

Other guests in attendance at the meeting were the queen contestants of the eight high schools of this community and their sponsors.

President Thomas, moderator, thanked Mrs. Andrews for her address and paid high tribute to her single handed and courageous efforts to bring to pass better conditions for the entire racial group.

Applicants Flunk Tests

Close Race Nurses' School in Columbus

(Courier Press Service)

COLUMBUS, Ga.—There will be no nurse training school operated here this year for Negro student nurses, according to Dr. J. A. Thrash, director of the Columbus Medical Center, which has operated the school each year.

Only four out of some 80 Negro applicants were able to pass the entry tests, the Courier learned.

Two of the four who passed were from Birmingham and were referred to nurse schools there. The other two were sent to the Grady Hospital School of Nursing in Atlanta, Dr. Thrash said.

During the first year of training the Negro nursing students are usually sent to the Off-Campus School of the Albany State College, located here. There the center must pay tuition for 15 students regardless of the number actually enrolled.

■

SO, WITH SUCH a small number passing the entry test, the school courses were cancelled, Dr. Thrash said. He emphasized, however, that the school was not being permanently closed. "We will try to get a class next year," he told the Courier.

Dr. Thrash said that Negro student nurses from the school had regularly made the lowest grades in the state examinations for nurses and the school was suffering a lowering of its ratings as a result. Therefore, it was determined that all students would have to pass the same entrance requirement tests in order to maintain the standards of the school.

"400 Negro Nurses In Georgia"

Nurses Petition For A Chance To Attend Meet

By PAUL DELANEY

The Georgia State Assn. of Registered Nurses sent a four-point telegram to the presidents of the American Nurses Assn. and the Georgia State Nurses Assn., asking permission to attend sessions of the state group that is meeting through Friday.

Mrs. Eula Benning, president of GSARN, composed of Negro nurses but having no affiliation with the parent ANA or GSNA, said that members of her group desired to attend the tuberculosis panel and to hear the national president, Miss Mathilda Scheuer of New York, speak. The telegram also deplored the fact that Georgia was the only state in the union that did not admit qualified Negro nurses.

"And there are 400 Negro nurses in Georgia," said Jesse Hill, Jr., of the health council of the Atlanta Committee For Cooperative Action, an action group made up of Atlanta businessmen. ACCA, as it is called, is very interested in this situation, Hill said, speaking for the organization.

"This purely naive discrimination by the Georgia nurses' organization not only hurts the Negro but the white as well as the Negro nurses also take care of white patients."

Miss Scheuer expressed hope that the GSNA would soon lower its color bars and accept Negroes. She said that she would mention the matter in one of her two talks before the convention Thursday.

Chicago Girl Is First Negro Head Of Student Nurses

CHICAGO — (ANP) — Miss Rolinda Skyles, 23, a senior student in Provident hospital school of nursing, was elected president of the Students Nurses Association of Illinois at the recent annual convention of the group in Congress-Pick hotel. A Chicagoan, she is the first Negro student to head the organization.

The association is composed of some 7,000 students from schools of nursing in Illinois, which is a part of the National Student Nurses association. Miss Skyles was nominated by Miss Pat O'-Neill, president, District Six, of the association. Nursing schools locally are in District One. There are 14 districts in all.

The new president, formerly corresponding secretary of the state group, is the daughter of the Rev. and Mrs. Robin W. Skyles. He is pastor of St. James Lutheran church.

191 1959

MARYLAND

HISTORICAL GRADUATION — Miss Constance Hearns (right), and Miss Anita Louise Nickens, first colored nursing students to graduate from the D.C. General Hospital Capital City School of Nursing, Tuesday, view their diplomas, while Mrs. T. J. Nickens, mother of Anita Louise, looks on.

19i 1959

Negro Nurses Charge Bias In New Jersey

Birmingham

TRENTON, N. J. — (ANP) — Two Negro nurses testified last week before a state civil service hearing that they couldn't get nursing jobs at Trenton State Mental hospital and had met a wall of silence. They asked why.

Miss Joan Meekins and Mrs. Maude Mitchell, both of Trenton, testified last Thursday in support of Mrs. Rosa Briggs who has charged racial discrimination by the hospital authorities for dismissing her as an instructor after a six-month trial period. SCAD, the State Division Against Discrimination, filed the original charges which were turned over to the Civil Service Commission.

ALWAYS WATCHED

Five former students, two of them Negroes, testified that supervisors at the hospital kept a close eye on Mrs. Briggs although they never saw supervisors in other classes.

Mrs. Mitchell in listing her qualifications for the job told the Commission that she is a graduate of Fisk University, and that she was a public health nurse in New York and New Orleans for over five years. She said she has had long experience in psychiatric nursing.

The other nurse Joan Meekins told the Commission that she was forced to resign (as a nurse) because I failed a course Mrs. Briggs had taught. She said the supervisor of nurses at the hospital "wouldn't show me my records", when she ask for information concerning the dismissal and tests.

AID FOR NURSES—Federal health traineeship awards in the amount of $3,826.20 have been granted two graduate nurses in North Carolina College's department of public health nursing. Recipients are Mrs. Lucy Thornton, left, of Birmingham, Ala., and Nova Herring of Dunn, N. C. Mrs. Helen S. Morse, director of the NCC public health nursing department, is shown center studying current manual outlining activities of today's public health nursing.

19i 1959

OKLAHOMA

Eagle
Oklahoman Okla.
Thurs. 10-1-59
P. 9

19 a
Okla

MISS MARTHA McADAMS, ONE of six registered nurses employed by the Tulsa County Public Health Association, at the Variety Health Center, in North Tulsa, is shown above preparing to enter the home of an unidentified bedfast patient. Only one of the many duties performed daily by the Center's staff. The Variety Health Center is a Community Chest agency. Presently, the Community Chest aids 32 organizations in Tulsa. It's money raising campaign is currently underway, so give! give! give! Help to raise the $1,307,000 quota. Everybody benefits.

'God Gave Me Orders'

Journal & Guide

84-Year-Old Midwife Has Delivered 3,200 Babies

Norfolk, Va. Sat. 6-27-59

By RAY BOONE
(Photos By Bass)

p. 19

SUFFOLK — An elderly little mid wife in this southeastern Virginia settlement has delivered over 3,200 infants — an amazing figure which is one-quarter the total population of this city, the world's peanut capital.

The woman is 84 - year -old Mrs. Etta Viola Vines of 326 North Lloyd street.

HOW SHE started her long career in mid - wifery is vividly exemplified in words of an often - sung hymn by William Cowper — "God works in mysterious ways, his wonders to perform."

"Mama Vines" — as she's affectionately known — indeed underwent a "mysterious way" which she attributes to the power of God when "I went out of this world and God told me what to do."

BACK IN THE summer of 1894, "The Master came to me" Mama Vines recalled, "and showed me how to operate on a woman." Since that time 65 years have rolled by and during that entire period, she has untiringly served this community with unselfish, humanitarian devotion.

Of the total number of infants she has delivered, 1,000 whites were included. In a stack of books registering "everyone of my children" 26 sets of twins are recorded. During her long, busy career, Mama Vines has never lost a mother.

CRADLING ONE of her 37 great grandchildren in her still - strong arms, the white-haired woman told how she fell into a trance and slept for "three days and three whole nights."

She added: "Some thought I was dead, but our family doctor knew I was taking orders from God. He (the doctor) told my folks I was going to be a preacher, doctor, midwife or something. He was right. All the time the Master was telling me what my new task was."

ACCORDING TO the lucid little lady, falling asleep for long periods of time was not unusual during the early post Civil War days. "Some folks would sleep for two weeks. That was back when people were coming up from slavery," she added in a kind, gentle voice. "God was helping them to pick the right way to go."

Although lines, reflecting many years gone by, show on her understanding face, Mama Vines is almost as active as she was the day after the "Master gave me my program" at 19.

NAMES, ADDRESSES and telephone numbers are indelibly stamped on her alert mind. When she refers to anyone she usually gives his full name, address and phone number — and without a moment of hesitation. An example is when she mentioned Mrs. Cora Lee Ross of 116 North Eighth street, Suffolk. Phone: 2853. Mrs. Ross has been in training in mid - wifery under Mrs. Vines for 18 months and her instructor says "She (Mrs. Ross) is good already."

When neighbors see an excited male racing toward Mama Vines' small white bungalow, off the street behind shrubs and flowers, they know it won't be long before she'll be out on another mission — taking a burden off a mother and bringing a gift of God into the world. With a tiny light - blue bag — trimmed in plastic — clutched in her hand, she spryly hurries away to a waiting car.

"THEY COME AND get me now," she said, peeping owlishly through her brown framed glasses. "But I slow them down so we can get where we're needed." In the era when automobiles were "very seldom seen," Mama Vines made most of her visits on foot or horse and cart. She remembers walking 12 miles to help a "loving mother."

Despite the fact that many patients have neglected to pay for her services, Mama Vines has never been known to turn down a case because a family lacked money. One doctor said of her: "She has served this community well. There have been times when she should have remained home, but her good heart will not allow anyone she can help suffer."

MAMA VINES said she has received "part payment, no payment, chickens, corn, meat and every other thing" a family is able to give. In cash, she has gotten as little as 50 cents, but believes most people will pay "if they've got it."

In every corner of the Suffolk area, Mama Vines is known. She has a vibrant personality and is as lively as a 16 - year - old bobby soxer. She thinks of all youngsters as "my children" and does a good job of steering them in the right direction. If a child — whether she's seen him before or not — steps out of line, she'll squeal out, saying "Now that wasn't the right thing to do." Children have a deep love for her.

SHE HAD FIVE boys of her own and reared 12 other neighborhood children.

Respect and admiration is high for her with everyone. A bartender said of her: "You have to be submissive to Mama Vines. How can you keep from doing what she says? She's right, and can take any situation in hand."

BEFORE THE "trance" Mrs. Vines was a substitute teacher in the Isle of Wight county public school system. About teaching, she has this theory: "The first teacher has the most influence in the development of a child. To get the pupil to learn, you must first get it to love you. Then the pupil will be obedient and know what you're teaching is for his good."

What are Mama Vines' biggest problems?

"THE HUSBANDS," she answered quickly. "They're always worrying. I can keep the mothers at ease."

When she's not out on calls, Mrs. Vines is busy around home. "There's always something to be done," she explained. However, a great portion of her time is spent caring for her flowers, cats, dogs and chickens.

FOR 12 YEARS, she was a practical nurse. At present, she is a member of the Tabernacle Congregational Christian Church and the Tri - County Mid-Wives Class of Suffolk of which she is secretary. During the past 25 years, she has missed only three class meetings being absent then because she was out on cases.

Contrary to the belief that mid - wifery is practiced only among families in the lower socio - economic bracket, Mama Vines has served mothers from all walks of life.

Explaining why she's so dedicated to her work, Mama Vines concluded: "I enjoy trying to bring sunshine into a home — never a dull, cloudy day."

A Great-Grandmother

Cradling one of her 37 great grandchildren in her arms, Mama Vines gets intent joy from seeing "children grow up to be great men." She had five boys of her own and is the grandmother of 14. She refers to all youngsters as "my children," and believes "there's good in every last one of them."

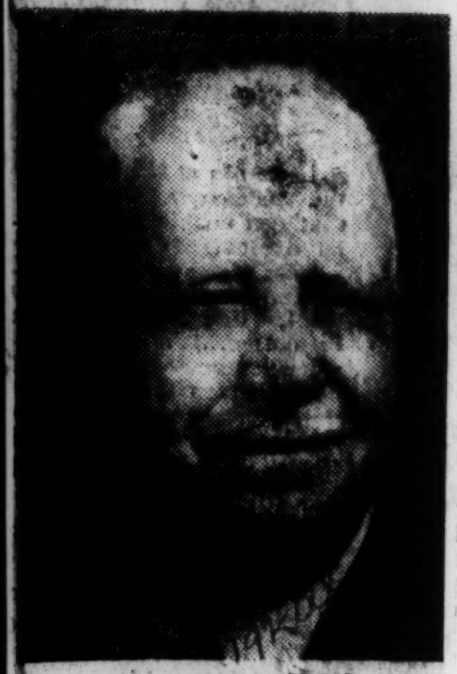
19k 1959

ALABAMA

Appreciation Letters Fete Veteran B'ham Doctor

Dr. P. S. Moten, in a series of letters addressed to him, has been assured by one of the writers that "The world needs more Dr. Motens."

The veteran Birmingham medic has a life of service which spreads



DR. P. S. MOTEN

over both the ministry of the gospel and the practice of medicine. He has in his life-time in Birmingham organized a hospital, clinics, done sensitive research in the maternity field, and served as medical director of an insurance company.

Dr. Eugene H. Dibble, Jr., Tuskegee Institute, Ala., secretary of the John A. Andrew Clinical Society, in a communication of Feb. 13 to Dr. Moten said: "You have done much, not only for the South but for America." He added, in his letter, " . . . we appreciate more than you can tell the fine work you continue to do."

Dr. F. D. Patterson, president of the Phelps-Stokes Fund, New York City, said he was "delighted to have had just a small share in tendering you the recognition you need."

In a letter to Dr. Moten, February 10, Dr. G. R. Price, of the Birmingham Sunday School Council of Religious Education, said: "Your skills as a physician and wonderful service in this area — your interest in helping those whose situation presents their obtaining help in regular channels and how you through the years have given of yourself and skills in their behalf —your interest, too, that goes beyond racial lines and extends a willing and friendly hand and heart to any and all who will walk along with you in friendship and helpfulness — a churchman also, for where else could one be inspired and strengthened for the daily task or find the source of the motives which drive you day and night on missions of mercy as well as vocation. The world needs more Dr. Motens and would be a much better one if that were true."

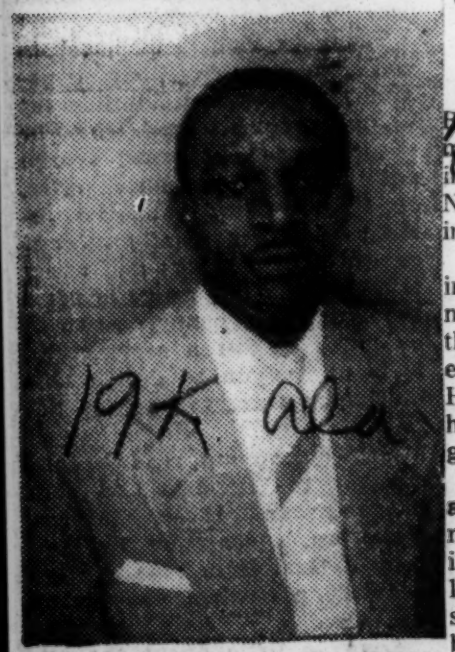
Dr. Moten is a member of the Mineral District Medical Society and has offices in the Masonic Temple Building.

BIRMINGHAM'S DOCTOR MOTEN HONORED BY A.S.M.A. — MOBILE, Ala. — Dr. Pierce S. Moten of Birmingham, Ala. was honored by the Alabama State Medical Association at the June meeting held here. The presentation was made by Dr. J. P. Dixon of the convention's host city. Left to right: Dr. J. Woodruff, president, Tuscaloosa; Dr. Moten and Dr. Dixon.

Dr. Moten has been a practicing physician in the city of Birmingham since 1914, going to the Magic City from the state of Florida where he first practiced. He has been identified with the growth of medical societies locally, state-wide and nationally and has been a pioneer in the development of clinics, and hospitals both in Birmingham and Alabama. Dr. Moten has often said that he chose Birmingham as his home because it was called "the Magic City" of the South. Dr. Moten has had a definite part in making the above statement come true.

The Alabama Medical Association takes pride in saluting Dr. Pierce S. Moten a native of Texas but a citizen of Alabama.

Dr. Hamilton To Open Office Here October 1



DR. HERCHELL L. HAMILTON

Dr. Herchell L. Hamilton, Meharry trained physician and surgeon, is scheduled to open his office at the Ballard House, Thursday, Oct. 1.

He came to the city from St. Louis, Mo., where he did his internship and advanced training in surgery at Home Phillips Hospital. He is a native of Pensacola, Florida.

Dr. Hamilton is a graduate of Florida A. & M. University, Tallahassee, Florida and Meharry Medical College, Nashville, Tenn., He put in four years of specialized surgery at Homer Phillips Hospital.

The city's new medic indicated that he will serve on the staff of Holy Family Hospital. His office will be located at 1420 Seventh Avenue, No.

NO POLICE BRUTALITY

Negro Doctor Lauds Huntsville As One Of Best In South

The following article is reprinted through the courtesy of The New York Herald Tribune. The writer, John G. Rogers, is a Herald Tribune staff member.

BY JOHN G. ROGERS

HUNTSVILLE, ALA.

HERE IN THIS BOOMING CITY beside Redstone Arsenal—the nation's rocket and missile center—a physician sits in his living room, sips beer with a visitor from the North, and talks about his life as a Negro in the Deep South.

Dr. Harold F. Drake, a soft-spoken man in his '30s, son of a college professor and native to these parts, begins by explaining that—setting aside for the moment the general problem the Negro faces in the South—Huntsville is one of the best places down here for a Negro to live in. He goes on to give reasons:

"First and foremost is this—the first thing a Negro thinks about in evaluating a community in the South is whether or not there is unrestricted police brutality. Are you likely to be dragged out of your house by some deputy sheriff and cuffed around and beaten up with absolutely no recourse to the law?

"THERE ARE PLACES where that can happen, and does happen. But not in Huntsville. I don't mean to say by any accounts that this is sheer Utopia here, but there's no police brutality. In that aspect, we have our dignity and our safety.

"After that first reason, I would give some of the obvious items such as pretty good schools, some reasonable public housing for Negroes, and so on. Then, I would go on to list a variety of reasons, large and small, some of which may seem very small to you.

"BUT, IN A WAY, the smaller ones are very important because they're so much a part of ordinary daily living. For example, my wife can go into a store in Huntsville—there's no segregation in the stores—and try on a pair of shoes or a hat before she decides which one she wants to buy. There are lots of places in the South where she could not do this.

"It used to be that when I wrote a prescription for a Negro—say it was for Mrs. Alice Smith—the druggist would refuse to put the title Mrs. on the label. He'd just put Alice Smith. But in recent times they're putting the title on the label for Negroes just as they do for white people.

"I CAN TAKE MY NEGRO patients to the city hospital now. I used to have to take them to a hospital up in Tennessee. I can't yet treat my white patients in the city hospital, but I make house calls for them. No, my white patients aren't necessarily from what you would call the lower classes.

"Negroes can now play golf on the municipal course on Mondays and Thursdays, and the city is planning to build a new recreation center for our people, identical with the one already opened for the white population.

"I SAID THAT THE STORES aren't segregated. Well, the private business isn't but the state liquor stores are segregated—that's dictated by state law. You find two liquor stores side by side in the same building—one market for whites, one for colored. Now the way you order is this—there's a large case of samples at the side, each bottle with the price on it. You study the sample case, decide what you want and then tell your order to the clerk.

"IT SO HAPPENS that in the Negro sample case there's no Scotch. And it so happens that when I drink whisky, I like Scotch. So I enter the colored store, step through to the white store on the white side—no, there are no objections to that—and I make my selection and then step back into the colored store to make my purchase. This never makes me irritated because it's so silly that it's amusing. I guess they just don't think that a Negro might like Scotch."

Dr. Drake and his wife—a pretty registered nurse from Indianapolis—present a contrast. Being from the North, she encounters things she says she never will get used to, no matter how long she lives in the South.

"ONE OF THE THINGS that bothers me most," she explains, "is the way a white person will treat you one way in private, another way in public. I worked for a time at the arsenal along with white women.

"There was one, for instance, who was very nice to me on the job, we'd talk about all sorts of things. But if I met her on the street in Huntsville, she'd practically look around to see whether anyone was watching before she'd give me a polite hello. I just can't get used to things like that."

19k 1959

CALIFORNIA

Dr. Davis To Speak at Taylor's Women's Day

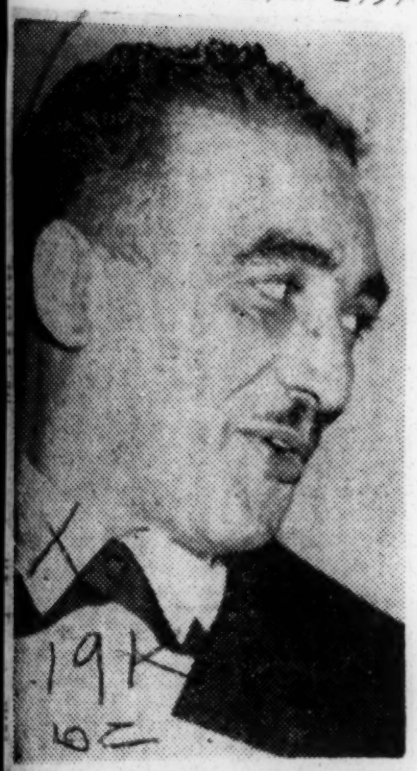
California
Vallejo
Oakland, Calif.

Dr. Velma L. Davis of Berkeley, will be the Women's Day speaker at the 11:00 a. m. worship hour at Taylor Memomrial Methodist Church, Sunday, Nov. 15, 1959. Dr. Davis, a practicing physician in Berkeley, is a member of Downs Memorial Methodist Church. She will speak from the theme, "The Role of Women in Helping to Combat Delinquency." Dr. Davis taught at Bishop College and Fisk University prior to completing her medical education at Meharry Medical College, in Nashville, Tenn., and the Los Angeles and Sacramento County Hospitals in California.

The evening worship hour from 6:00-7:00 p. m., will be a unique "Say It With Flowers" service, in which members of the congregation express their gratitude to friends, relatives and others by means of Flowers. Mrs. Christine Hill, wife of the Pastor, will give Poetic Renditions. Music will be under the direction of Miss Thelma Pendleton. Rev. Robert D. Hill is the Minister and the church location is 1188 - 12th Street, Oakland.

19k 1959

D.C.



DR. EDWARD MAZIQUE
. . . debunks blood theory

■

Cites Mixtures

Mazique Rips Into Scudder's Blood Theory

WASHINGTON—In sharp rebuttal to a white physician's theory that blood transfusions between the races is dangerous, a Negro doctor stated that "blood mixing has followed cross-breeding between Negro and whites since 1619."

Dr. Edward C. Mazique, president of the National Medical Association, said "such a fantastic claim ranks with that of a distinguished scientist during the slave era, who, in discussing diseases peculiar to Negroes reported at length on dreptomania, a malady that gave Negroes compulsion to run away."

Dr. Mazique was refuting a claim by Dr. John Scudder that "there are minor factors in blood composition — and differenes in protein substances which dictate racial separation in blood transfusion."

"IT IS HARD to believe that the school of thought which supplied proof to the folly of the American Red Cross policy of segregation should now itself disclaim its former findings in favor of separation on the basis of a pure race theory," Dr. Mazique stated.

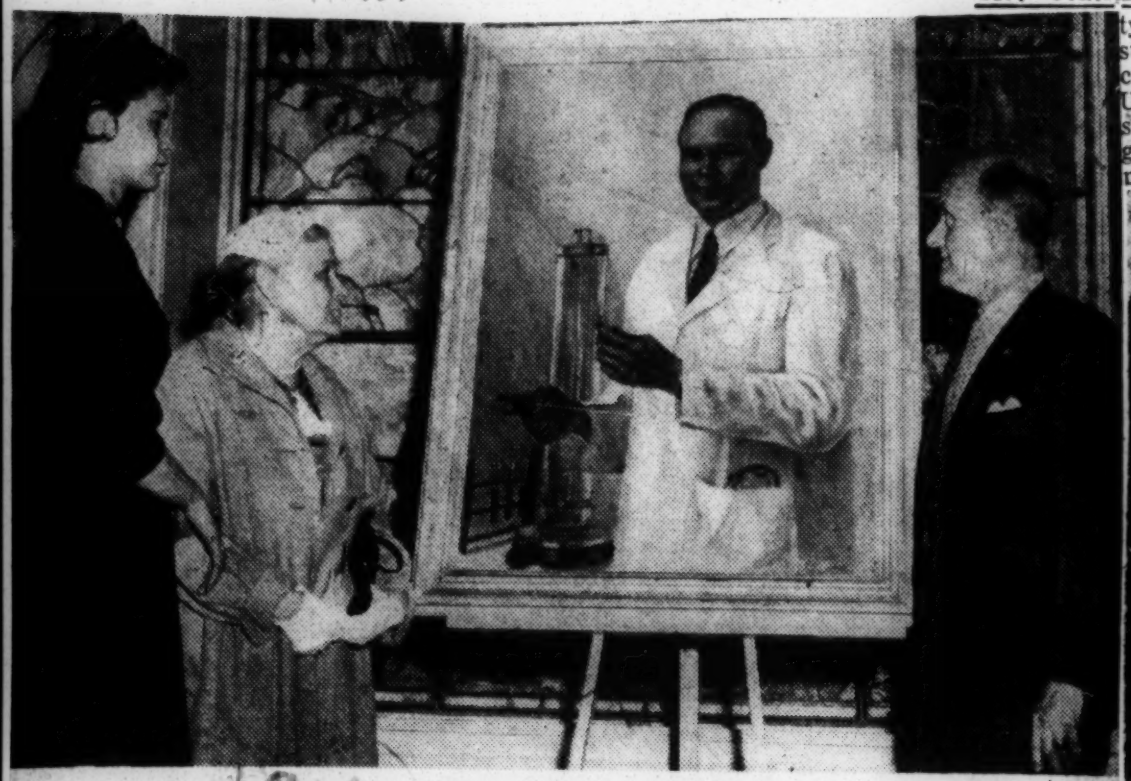
● It is ironic," Dr. Mazique continued, "that at this precise moment when the Red Cross is collecting blood dramatically, even in the South and distributing it regardless of race or previous condition of servitude, that there should arise out of the 'liberal' North 'dreptomaniac' physicians, and up-to-date finding of the existence of a grave and sometimes fatal difference between the blood of Negroes and whites."

Tearing down the argument of Dr. Scudder, Dr. Mazique continued, "It is my belief that if there actually exist some common minor factors in the blood composition, granting Dr. Scudder's minor factor theory, Negroes and whites in close historic proximity would have more common blood elements than recently arrived white elements in the North.

"Scientifically," Dr. Scudder "must identify his 'pure race' before he can even begin the application of his new blood theory."

19k 1959

DR. CHARLES DREW



Red Cross Photo

19K

Red Cross Gets Portrait of Dr. Drew

Put

A portrait of the late Dr. Charles Drew, head of Howard University's Medical School and pioneer in the field of blood research, is admired by his daughter, Bebe, his mother, Mrs. Richard Drew, and Gen. Alfred M. Gruenther. American Red Cross president, after its presentation to the Red Cross yesterday. Dr. Drew, who was killed in an automobile accident in 1950, was responsible for establishing the first Red Cross blood center. The ceremony was held at Red Cross headquarters.

Ohio-American Baltimore, Md.

Fraternity unveils Dr. Drew's portrait

Sat. 4-25-59

WASHINGTON

A portrait of the late Dr. Charles Drew, head of Howard University's medical school and pioneer in the field of blood research, was presented to the American Red Cross Wednesday by Sigma Pi Phi, national professional fraternity.

The painting of the prominent medical leader, who was responsible for establishing the first Red Cross blood center, was accepted by General Alfred M. Gruenther, Red Cross president, in a ceremony at Red Cross national headquarters here.

19K

In accepting the portrait, General Gruenther said: "It will be a symbol of the concept of dedicated service to humanity, which Dr. Drew's life illustrated so vividly."

Dr. Mordecai W. Johnson, president of Howard University, in a tribute to the medical scientist, said Dr. Drew "had the extraordinary capacity to organize himself completely for the attainment of his goals.

* * *

"HE HAD often told me that life would be a success if he could train 20 top surgeons, men who would be a credit to their race and profession. Before his life was cut so tragically short by an automobile accident in 1950, he had trained five men who he felt met these standards."

Attending the ceremony were Dr. Drew's mother, two sisters and a brother. The presentation of the portrait was made by William Lonesome, Charleston, W. Va., attorney and head of Sigma Pi Phi fraternity.

BORN IN Washington, D.C. Dr. Drew was graduated from Amherst in 1926. At McGill University, Montreal, where he received the degrees of M.D. and Master of Surgery in 1933 he won first prize in psychological anatomy and obtained the Rosenwald Fellowship in medicine.

In 1926 Dr. Drew won the National Junior Amateur Athletic Union championship in the high hurdles. While attending McGill University, he was the all-time high scorer in Canadian intercollegiate track competition.

After an interval on the faculty of Howard University, he studied at the College of Physicians and Surgeons, Columbia University, at the same time serving as a resident in surgery at the Presbyterian Hospital.

Ohio-American Baltimore, Md. Sat. 4-25-59 P. 5

PORTRAIT PRESENTED — Mother and daughter of the late Dr. Charles R. Drew, head of the Department of Surgery at Howard University Medical School and pioneer in the field of blood research, admire his portrait along with General Alfred M. Gruenther, president of the American Red Cross, after its presentation to the American Red Cross. From left are Miss Bebe Drew and Mrs. Richard Drew.

Unique Record In Service

Half Of Colored Doctors In US Meharry Graduates

NASHVILLE,, Tenn. — Meharry Medical College, organized in 1876 as the medical department of Central Tennessee College, has a unique history and a remarkable record in service and accomplishments. It has graduated more than half of the colored physicians and dentists now practicing in the United States.

The parent institution, Central Tennessee College, was founded in 1866 in Nashville by the Freedman's Aid Society of the Methodist Episcopal Church. When Central Tennessee College was reorganized in 1900 as Walden University, the medical department became known as Meharry Medical College of Walden University. In 1915 a new charter was granted by the State of Tennessee establishing Meharry as a separate corporate institution.

MEHARRY Medical College has grown steadily in enrollment, services and possibilities. The present campus embraces 14 acres. The plant includes six separate buildings: the main building, which houses the medical, dental and nursing schools and the hospital; the women students' residence,, Hulda Lyttle Hall; the doctors' residence, for intern and resident physicians; the alumni hall, recently contributed by the Meharry alumni and a dormitory for men.

Meharry began as a one-room missionary school with an individual gift of $500. The first graduating class in 1877 consisted of one student. By 1956 the students in its three schools — medicine, dentist and nursing — numbered 485.

The estimated value of the college's buildings, grounds, and equipment was $6,678,000. The endowment was a little over $4,500.000. The budget needed to operate the college for the fiscal years 1954-55 was $1,876,-211, including special grants.

The college serves, its immediate community and area through its 240-bed teaching hospital. It serves the southern region in particular and the nation at large through its educational program. It trains about 40 per cent of the colored physicians and dentists graduated each year in the United States.

Services rendered by Meharry Medical College are recognized in educational and financial circles. The support given the college is an indication of the high regard the public has for its program and services. From 1949 through the first half of 1955, Meharry had received from 11 of the Southern states a total of $1,-717,500 in payment for the cost of educating under a quota system, students from those states.

THE COST of operating colleges has increased tremendously in recent years, and Meharry like other institutions finds it more difficult to operate without getting a substantial increase in funds. Urgent need for more equipment, plant facilities and higher salaries for higher trained professors and teachers. Meharry must increase its present annual income by $100,000 or more. This increase is urgently needed now.

Moreover, the present plant is no longer adequate for the needs of the college and its hospital. The problem of adequate space and more facilities is becoming increasingly acute. To meet these needs the plant facilities must be enlarged at a cost about $350,000 or more for the educational wing, and $600,000 for an annex to the hospital. This was the situation as late as 1956 and most of the needs have not been adequately met today.

Alumni and friends of the college have given their support to the college through the years, but their support is needed more today than ever before. Only through more support from these sources and foundations can Meharry Medical College maintain its high record of achievement and service. The college will never falter in its services as long as it gets sufficient support from its alumni and its friends.

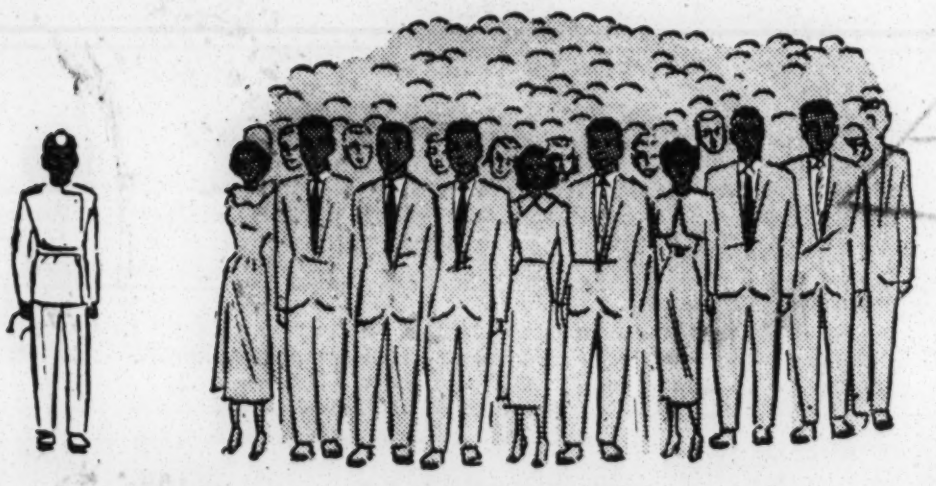
Meharry Student Nurses

These student nurses represent an important phase of the health education program at Meharry Medical College at Nashville, Tenn. They are students in the School of Nursing which is affiliated with the hospital on the campus.

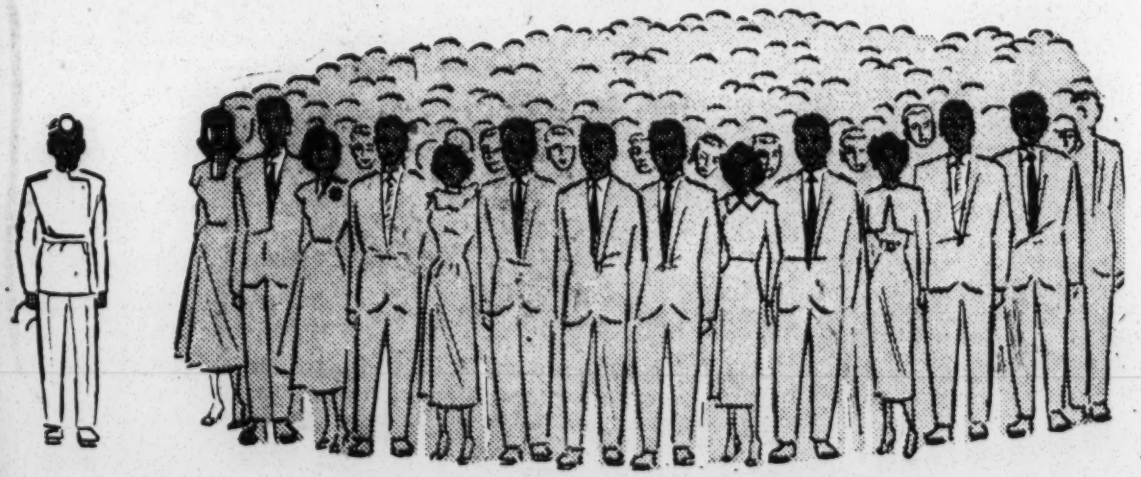
Ratio Of Physicians To Population

Suicide
Norfolk, Va.
Sat. 10-3-59.
D.R.

National Average: 1 Physician To Every 730 Persons



Average Among Negro Population: 1 Negro Physician To Every 3,800 Individuals



Average Among Negro Population In The South: 1 Negro Physician To Every 6,000 Individuals

19k 1959 GENERAL

Is Public Suffering from Unethical Practices?

What Are Weaknesses of Nearo Doctors?

By EARL B. SMITH, M.D.

In 1959 we think that it would be beneficial to you, the public; to all Negro physicians and to those who are interested in the health and welfare of the Negroes in our 50 United States to analyze the strengths and weaknesses of the Negro medical profession.

Specifically, are we becoming stronger or weaker in our sole and main objective to improve the health of all people?

Is our number increasing or decreasing?

Is the so-called American second-class citizenship affecting the Negro physician in his main objective?

Does the Negro public suffer medically from unfair and unethical practices?

Are the Negro medical students increasing in number?

Is the Negro in the United States medically secure as compared to his Caucasian brother?

Do we predict an increase in general practitioners and specialists of the Negro race in the future?

■

THESE ARE a few of the questions that will be discussed in the future because we feel that you should know the facts and our interpretation of the facts as they affect the health of you and your family.

In the over-all population there is one physician per 750 persons but there is ONE Negro physician per 3,680 Negro persons, and in some communities the situation is worse today than it was 25 years ago; e.g., one large Eastern city had one Negro physician per 2,700 Negro persons 25 years ago, but in 1959 there is one Negro physician per 4,350 Negro persons and approximately 40 per cent of these Negro physicians are over the age of 50 years.

These statistics imply that in the field of medicine we are not keeping pace with the movements or gains in the Negro population and, in essence, we are "losing ground."

SOME OF THE reasons for this backward trend in the field of medicine are as follows:

A. Integration of Negro men and women in occupations previously denied, such as music, art, business, sports, politics, engineering, industry, etc.

B. Failure of parental stimulation and influence.

C. Lack of guiding examples to young men and women by Negro doctors of the community.

D. Lack of effective medical talent search projects throughout this country.

E. Rising costs of medical education.

F. Responsibilities of early marriages, military obligations, etc.

The three most important items for the young man or woman who desires or who is interested in a medical education are preparation, application and financing.

In the past and the present, Negroes have been denied, justly and unjustly, an opportunity to study medicine because of the following reasons:

1. Inadequate preparation for a specific medical school or subnormal preparation in competition with other students.

2. Lack of good students to have the so-called "pull."

3. Disadvantages in some schools because of the so-called unwritten or written quota system.

4. In the past, because of unfair practices in the so-called "lily-white" medical schools, inadequate school facilities in the so-called "Negro medical schools" in comparison with the number that applied for admission.

5. The low income of Negro families made it impossible to send interested sons and daughters to medical schools because of the high cost of a medical education.

In 1959 we can definitely proclaim that many unfair practices have been corrected and the future for some appears brighter. Some of the observations are as follows:

1. The Supreme Court's decision abolishing segregation in public schools will give every American child equal but not separate facilities and we can predict that 20 years from now the real fruits and rewards of the decision on the future of medicine will be self-evident.

2. Opportunities for at least one Negro medical student in most accredited medical schools.

3. Higher incomes of Negro families.

4. Private and Federal financial aid to eligible students.

■

IN 1959, Negroes constitute 2.2 per cent of all physicians in the county and 1 per cent of all board-certified specialists, in spite of the fact that Negroes constitute over 10 per cent of the total population and the Negro population is increasing at a higher rate than the white population.

In regard to specialists of the Negro race, the situation is improving, but this improvement is not enough. The Negro specialists also have their problems:

1. Appointments to reputable hospital staffs.

2. Fear of competition by the the Negro general practitioner.

3. Novelty of competition by some fellow white specialists and novelty of his services by Negro patients.

We maintain that the medical situation, from a Negro viewpoint, has shown improvement in opportunities, number of students, number of general practitioners and the number of specialists, but population shifts, population increases have made the demand far greater than the supply of Negro general practitioners and Negro specialists.

We must remember that the Negro general practitioner and the Negro specialist are not separable and constitute unity of medical care. One cannot and should not exist without the other, for the individual is unimportant but the medical pride and prestige of the Negro in every community is the important issue.

■

IN ORDER to solve the problems of the present and reduce the problems of the future, we suggest the following:

1. Reappraisal of the medical needs of the Negro in every community, North, South, East and West, by fair and responsible nonmedical and medical groups.

2. Fair placement and location procedures for Negro specialists and general practitioners throughout the 50 states.

3. Hospital staff appointments for Negro general practitioners and Negro specialists in every community.

4. Active medical talent search campaign on a national, state, county and local level.

5. Awareness of the need for medical scholarships by responsible civic groups of every community. Remember, the doctor you help make may help you.

6. Unified approach by the Negro physician of each community of the needs of the Negroes of that community.

In conclusion, I ask you: Where do you stand?

Doctor shortage

TUSKEGEE, Ala. — There is only one physician to 4,567 colored persons in the United States, while there is a white physician for every 570 white persons, Dr. R. Sidman Smith, Macon, Ga., president of the National Medical Association told delegates at the 47th John A. Andrew Clinical Society here last week.

"This shortage of physicians affects not only the medical care of colored people, but also the health of the entire country," Dr. Smith asserted.

19k 1959

GEORGIA

MRS. DAISY BATES TO ADDRESS GA. DOCTORS

The annual convention of the Georgia State Medical Association will be held in Atlanta beginning Tuesday, May 12, and extending through May 14.

Mrs. D. Bates, NAACP leader of Little Rock, Ark., will be principal speaker at the public meeting to be held Tuesday night at 8 o'clock at Warren Memorial Methodist Church, corner of Ashby Street and Ashby Grove, S.W.

According to Dr. F. Earl McLendon, program chairman for the Georgia convention, a large number of medical experts will appear before the official meetings in the Morehouse Coliseum on Fair Street, at Ashby.

Several resolutions which will affect the general public are expected to be considered by the medical group.

Mrs. Bates is widely known for her work with the "Little Rock Nine" who desegregated Central High School two years ago. A newspaperwoman, she has been honored over a wide area of the nation and is in much demand as a public speaker.

Also participating on the program at the public meeting will be Dr. W. G. Reid, president, Georgia State Medical Association; Dr. James B. Ellison, president, Atlanta Medical Association; Mrs. R. A. Billings, president, Auxiliary of Atlanta Medical Association; Dr. F. Earl McLendon, chairman Local Program Committee; Dr. James B. Harris and Rev. Charles Stinson, pastor Warren Memorial Methodist Church.

Music will be furnished by the Morris Brown College Choir and Morehouse College Quartet.

Participants on the Association's interesting scientific program include: Dr. Frank Perry, associate professor of Surgery, Howard University, Washington, D. C.; Dr. Mitchell Spellman, instructor Meharry Medical College, Nashville, Tenn.; Dr. Eugene Doyle, medical director, John A. Andrew Hospital, Tuskegee, Ala.; Dr. Burke Syphax, professor of Surgery, Howard University, Washington, D. C.; Dr. R. N. Haskins, resident in Radiology, Dayton City Hospital, Dayton, Ohio; Dr. Asa Yancey, chief of Surgery, Hughes Spalding Pavilion, Grady Memorial Hospital, Atlanta; Dr. Thompson, associate professor of Obstetrics and Gynecology, Emory University, Atlanta; Dr. Clinton Warner, general surgeon, Atlanta; Dr. Ross Miller, surgical resident, Hughes Spalding Pavilion, Grady Memorial Hospital, Atlanta; Dr. Richard W. Blumberg, chief of Department and professor of Pediatrics, Emory University, Atlanta; and Dr. T. D. Raaen, pathologist, Grady Memorial Hospital, Atlanta.

Hackney Points To Shortage Of Doctors, Nurses

As guest speaker before the Atlanta Frontiers Club Tuesday evening, Dr. Richard C. Hackney, prominent local physician, discussed the health and hospital facilities in Atlanta and told the group that there is a growing demand for more doctors and nurses. He said in 1957 there were approximately 236 Negro students in medical schools other than Meharry and Howard University which had about 60 each additional students.

The speaker also said there are more than 5,000 internesh ps available but there are no internes to fill them. He stressed the need of lay people and educators to encourage more students to get interested in the medical and nursing fields. He said there are scholarships for students interested and can qualify for these fields.

Dr. Hackney told of how the Negroes in Saint Louis, Mo., where he served his interneship had wisely used their voting power to help get good hospital facilities. He deplored the fact that here in Atlanta there was no approved hospital where Negroes could interne.

The speaker was presented by club member, Dr. R. A. Billings. President Jesse O. Thomas presided at the meeting which was held in Joe's Holiday Room.

Dr. Williams Is 'Strong Man' In South Georgia ... and State!

By TREZZVANT ANDERSON
(Courier Roving Reporter)

VALDOSTA, Ga. — Years ago during the lifetime of the late Dr. J. Finley Wilson, leader of the Elks, this reporter used to listen entranced to the admiring words poured out by Finley about a Georgia Negro, Dr. L. W. Williams of Valdosta. Now that this reporter has been to Valdosta and seen Dr. Williams in action he can truly appreciate Finley's admiration for Dr. Williams.

Dr. Lafayette M. Williams is a home product "made good" in a big way. He is the wealthiest Negro in this area and is probably the most powerful single Negro figure in South Georgia. His influence extends well across racial lines and there isn't one iota of "Uncle Tom" in his whole body. He has made his way through hard work and his own individual acumen and he has made it big.

■

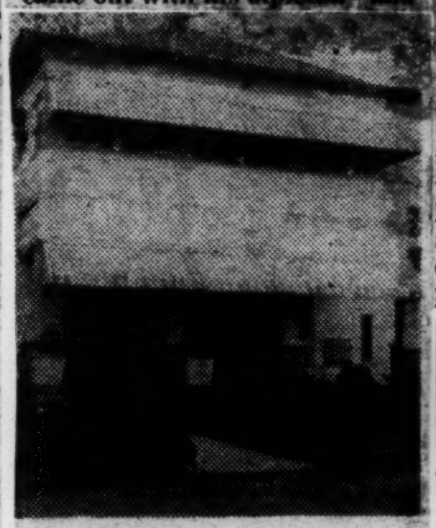
BORN in Lowndes County around the turn of the century, Dr. Williams now has been practicing dentistry here for 28 years, after an earlier career which paralleled many of those in the Horatio Alger stories. His parents once were poor, a depression having knocked them out of some 200 acres of land they owned.

As a boy young L. W. left school with $3 to go to work. The late Major R. R. Wright, at Savannah, gave him a chance to work, and young Williams made good. Talented and eager, he became bandmaster for the R. J. Milton Band in Savannah. He attended Georgia State College, now Savannah State, and studied shoemaking, finished brick masonry and carpentry. He once worked in New York as a shoemaker at 128th St. and Lenox Ave.

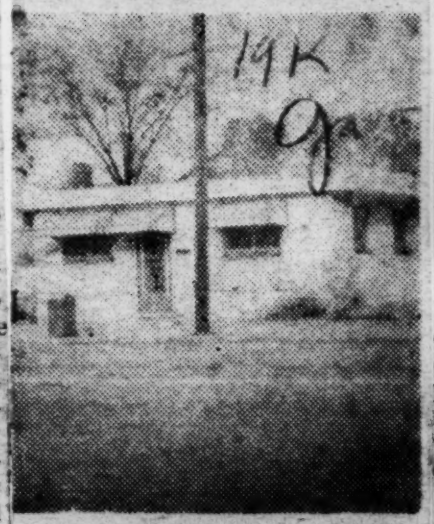
■

HE FINISHED Georgia State in 1925 and set his sights on Meharry Medical College. Before getting there he worked as a dining car and Pullman car employe, running on the Northern Pacific in the twenties. He ran as porter in charge of a Pullman car and finally went to Meharry with $35. Meharry officials were kind enough to carry him for that $35 for a whole year. There were times when he would walk around two blocks to keep from smelling food.

For three years he toughed it out at Meharry and in 1925 came out with his diploma — and $35. He came back home to Valdosta and got off to a fine start until the depression hit him, too, as it had his parents.



Dr. Williams' residence



Air-conditioned new office building.

During his career in the Pullman service he was once fired for organizing porters into a union. He was one of the first such organizers. Back home in Valdosta during the depression era under the late F.D.R. he got his big break. He was given six counties in which to examine kids for dental care under the Federal program. He still loves F.D.R. in his grave for that break. It started him on the road to material success and he nurtured it carefully.

■

DR. WILLIAMS now owns 600 acres of country land and does timber farming. He once was in the turpentine business, but sticks to timber farming now, boxing his timber every four years. He sells it, then reboxes again. He owns nine pieces of business property, including a nifty fleet of 22 new modern cabs, and also owns 14 to 26 pieces of rental properties. He owns a lake, surrounded by 12 acres of land, upon which he intends to retire some day.

X-Ray room in use

A big influence in his life has been Mrs. Mary Lambert, a white widow for whom he once worked. One of the wealthiest widows in Lowndes County, Dr. Williams now looks after her affairs. She has the utmost confidence in him, and his admiration and respect for her knows no bounds.

The genial dentist did post-graduate work at Columbia University, is a member of Alpha Phi Alpha Fraternity, the Masons and the Elks. It is in the latter organization that he is best known in Georgia and around the nation, for he is president of the Georgia State Association of Elks since 1950, and is a Grand Trustee of the Elks Grand Lodge.

A close friend and confidante of the late Dr. J. Finley Wilson, he is in a similar status with Grand Exalted Ruler Robert H. Johnson of the Elks.

■

UNDER HIS leadership, the Elks in Georgia have become a part of the state picture, welfare wise, and especially in Valdosta, where Dr. Williams has given unselfishly of his time and money to help do many things for local citizens through the Elks. These include buying almost $5,000 worth of new band uniforms for the Pinevale High School Band, giving a $600 scholarship each year to a deserving youth, plus other charitable and welfare services to the community.

Dr. Williams joined the Elks in 1928 and set up Gold Leaf Lodge 736 here. During World War II he bought the K. of P. Hall. In 1928 he organized one of the first Democratic clubs in the South for Al Smith, whom he had met while a Pullman porter. Out of 200 registered Negro voters, Dr. Williams voted 132 of them for Smith. The white folks wanted to run him out of town. He stayed.

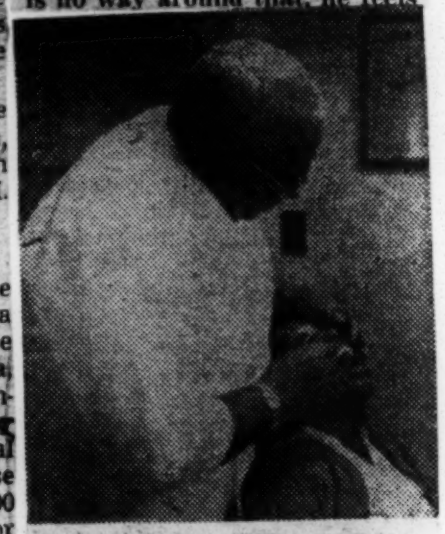
For 23 years he had his office in the white business section uptown next to the finest theatre in the city. He was perhaps the only Negro in the South with uptown offices in a white section. Now he has his own office building on the city's main street, right on U.S. Highway 41, and it is modernly equipped with the very latest and finest in surgical equipment for dentists. His very efficient secretary is Mrs. Loretha H. Price, who finds Dr. Williams a wonderful man to work for.

He is a bachelor and lives in a neat two-story white house behind his office building. He owns pretty much everything in that neighborhood and rents out most of it. His favorite relaxation spot is his upstairs den, where he has a TV, world-wide radio receiving set, vibrating chair, magazines, books and other comfort items.

■

DR. WILLIAMS has one sister, a school teacher, and two brothers, one of whom works for the Ford company in Detroit. The other is in the insurance business here.

Dr. Williams is a realist and believes the future progress of the Negro is tied definitely to his economic progress. There is no way around that, he feels,



Dr. Williams and a patient

Dr. Williams and secretary, Mrs. Price, with a patient.

and the sooner Negroes realize that fully and work toward that end, the better off they will be. His philosophy is to help others to help themselves and he has put much of his time and money into doing that, here in Valdosta.

Truly, he is "Mr. Valdosta," and his position with his beloved Elks stamps him as the top Elk in Georgia, too. He is a powerful man, whose influence reaches all the way to the capitol at Atlanta.

19k 1959

GHANA

Americans In Ghana

Dr. Sarah A. Lee, dentist and her husband, Dr. Robert E. Lee, physician and surgeon, are shown at a garden party in Accra, Ghana, where they now make their home.

Dr. Sarah Lee is a native of Norfolk and her husband a native of Charleston, S. C. They are the parents of two sons, Larry and Randy.

She is wearing one of the colorful and attractive hand-made native costumes.

Half Of Illinois Trained Physicians Leave State

Defender Chicago, Ill. p. 11
Feb 5-59

Well over half of the physicians being trained in medical schools in Illinois leave the state to enter practice elsewhere.

The trend is such that by 1975 there may be in Illinois one physician for each 822 people compared with one for 627 in 1942.

In spite of this, Illinois with its five medical schools is exceeded by only two other states in the number of medical students it graduates.

19K

RELEASE SURVEY

These are some of the facts brought out in a survey released by Dr. Edward F. Potthoff, director of the Bureau of Institutional Research of the University of Illinois.

The extensive 220-page report spells out in detail the physician-population ratio for Illinois. It appears that Illinois may lose its favored position in the national physician - population ratio.

At present the state stands slightly above the national average for the number of physicians for each 100,000 people.

DRAWS STATISTICS

The report draws liberally on statistics published by the American Association of Medical colleges and the American Medical Association.

In this source book, Dr. Potthoff points out that the decrease in the number of physicians in Illinois are due not to a lack of undergraduate medical schools but an inability on the part of the communities in the state to attract physicians trained here or elsewhere. For example, as of 1950 Illinois suffered a net loss of 4,922 physicians trained in its schools while California had gained 8,204 more that it trained.

This migration of Illinois-trained medical school graduates to other states has been the greatest single factor in the decline in the state's number of physicians, the report indicates.

LIMITED OPPORTUNITIES

This is partly traceable to the relatively limited opportunities available in Illinois for education of physicians after graduation from medical school. The number of internships offered by hospitals in this state increased by only 18.5 percent from 1947-48 to 1957-48 while the national figure increased by 40.9 percent.

A similar situation applies to specialty (resident physician) training in Illinois hospitals. Between 1946-47 and 1958-59 the number of approved hospital residencies in the United States increased twice as rapidly as they did in Illinois. In fact, from the point of view of meeting the state's own needs for specialists, the number of specialty (resident) physicians actually in training declined by 40 percent between 1950 and 1958.

Interns serving in Illinois hospitals in recent years have included rather large numbers of citizens of other countries who return to their homelands to pursue their profession. Illinois also accounts for some 29 percent of all the new foreign-trained physicians licensed in the United States annually.

DISTRIBUTE EFFORTS

The statistics show that even though all the medical school graduates in Illinois receive their training in Cook County, those who remain in the state tend to distribute themselves quite evenly throughout the other counties.

The report also shows that the physician - population ratio in central and southern Illinois is substantially lower than in the Chicago area. While the number of general practitioners, part - time specialists and full - time specialists in Cook County in 1958 was high, 40 Illinois counties had no full-time specialists, nineteen had no part-time specialists, and 14 had neither.

Dr. Potthoff says, "It is apparent that in order to assure the future supply of medical service in Illinois, the state should attempt to improve its capacity for attracting and holding a larger share of the physicians being trained in U. S. medical colleges."

The statistics in the report do not relate to Illinois alone, but at many points are concerned with the entire nation and other individual states for comparisons.

19k 1959

KENTUCKY

Hopkinsville Physician's 'Saga' Is Typical American Success Story

By ROBERT CHURCHWELL
Banner Staff Writer

Hopkinsville, Ky. — This story might well be called "The Saga of Philip C. Brooks."

It is one of those truly American-type stories about a boy from poor or modest means who ultimately rose to the heights in his chosen profession because he had tenacious vision and ambition, and, the country offered the opportunity for soaring.

Dr. Phillip C. Brooks has practiced medicine in Hopkinsville since 1929. He was born here, the oldest of 13 children. At first he could barely feed his wife and new baby. He walked three miles each day to and from a staff position at Western State Hospital just outside the city, and nights, he walked all over Hopkinsville making home calls.

Today, Dr. Brooks is a physician - business - humanitarian. He is all of these in no small way.

But essentially, Dr Brooks, owner and director of Brooks Hospital, 201 South Virginia St., is only a physician-humanitarian.

He undoubtedly is one of the world's most successful men in both categories.

'Made in America'

You can turn his story any way you like and it still has that true ring of legend and appeal . . . stamped, "Made in America." To give this claim substance there is little arranging of this story in so-called "feature form" with all thoughts and events falling into proper order. Rather, most of it is lifted from this reporter's notes as related by Dr. Brooks while he sat — uneasily — in the plush sitting room of his luxuriously appointed two-story stone home.

He sat "uneasily" because in order to give this reporter four hours of his time, the only Negro physician in Hopkinsville and for miles around had left an overflowing office of patients waiting to be seen.

Hopkinsville, Ky.

12:30 p.m.

(The reporter enters Brooks Hospital's outer office and is pleasantly greeted by the receptionist, who upon learning the identity of the visitor leaves and promptly returns with Dr. Brooks, garbed in the white of his profession with a stethoscope hung in one ear and around his neck. He is clearly busy. But also he is courteous to the point of wanting to begin the interview right at that moment. The reporter insists, however, that time for the appointment is still a few minutes away and that the doctor should go about his business until then. The doctor takes this suggestion but returns after only a short period insisting — still courteously — the some of the patients "will have to wait no matter what . . .")

'From Notebook'

And now from the notebook with only a minimum of explanation:

Dr. Phillip C. Brooks—

"Hopkinsville's his hometown . . . did pre-medical work at Howard university and medical training at Howard medical school, class of 1927. Was inspired to enter medical profession by a man who lived here . . . doesn't remember his name . . . man was not a doctor.

"Brooks is the oldest of 13 children of the late Mrs. Carrie Ethel Brooks and Henry L. Brooks . . . seven brothers survive . . . seven of the children graduated from college and six had as much as two years in college . . . two brothers operate a drug store here . . . one is laboratory technician at Brooks Hospital . . . two are morticians in Detroit . . .

"Father was able to help some in sending Brooks to medical school . . . He helped raise own expenses by working even as a boy (ten cents per week in Christmas Savings Club) and while attending Howard . . . Entire family pooled efforts after mother died in 1922, using this motto — 'You may see all of us down but you'll never see one of us down, . . . meaning — 'As long as one of use has it, all of us has it . . .'

Returned To Hopkinville

"After completing internship at Howard's Freedman Hospital Brooks toured Ohio, Michigan, Indiana and Maryland looking for a place to practice . . . Located a place and received a license to practice in Toledo . . . Returned to Hopkinsville, the old hometown, to borrow about $2,000 from friends to set up Toledo practice . . . Had absolutely no thought of staying here . . .

He couldn't get the money even from his hometown without security and "a name" This left Brooks in Hopkinsville, broke. He promptly found a job waiting on tables at a local hotel untli he received a $150-monthly appointment to the staff at Western State Hospital.

He was special assistant in psychiatry. He had done a good deal of psyciatry practice after completing his intern period. Meanwhile, Mrs. Brooks, a $125-monthly school teacher in Morristown, N. J., resigned her job to join her husband. She was expecting their first child momentarily. Brooks kept the Western State position four years.

"Brooks walked seven miles daily to and from the hospital and he walked to answer calls at night . . . He got his first automobile from a friendly staff doctor at Western State, who made possible a raise for Brooks and arranged a loan for him at a local bank.

Full-Time Practice

The young physician was now home to stay. And things did get better — much better. Hopkinsville had a service for its own Philip C. Brooks to perform. The service started when he first began full time practice in 1933 and in years shortly after that when the city had as many as four Negro physicians at onet time. It is in full bloom today in a city of 30,000 people, 35 per cent of whom are Negroes, and one Negro physician.

This forces Brooks to perform super-human-like feats in trying to look after the health needs of all who come to him. Sometimes he works 16 to 18 hours a day to see between 50 and 75 patients This isn't saying a thing about his looking after Brooks Hospital, a 30-bed open staff unit, with 10 nurses; one receptionist; one office attendant; a cook and one orderly.

The physician's activities are compounded by the fact that Hopkinsville has only one endowment hospital of about 100 beds — no municipal hospital. A few years back there were two auxiliary hospitals for Negroes — but not even this now.

Hospital Need

Brooks said the news of the coming of Fort Campbell made him aware of the need for a hospital for Negroes here. The project was started in 1940 but had to be temporarily curtailed in 1942 when the erection of Fort Campbell caused a hike in labor costs. After Fort Campbell was completed, work was opened again on the hospital. An 18-bed unit resulted. It was increased in 1958

Neither the City of Hopkinsville nor any other source makes any substantial financial contribution to maintaitning the hospital. The entire responsibility is another solid part of "The Saga of Philip C. Brooks."

The physician reports "excellent relationship" between himself and other city doctors as they practice at Brooks Hospital. "The relationship with these men has helped me a great deal," Brooks said.

Other phases in the saga would tell something of Brooks as a civic leader, a businessman, and as a humanitarian.

His civic-mindness is reflected chiefly in apersonal creed as a practicing physician: "I try to give the very best in me to all who come to see me." But there are other sources—through membership in Good Shepherd Episcopal Church; the Pioneer Civic Group; and through membership in Alpha Phi Alpha Fraternity, the National Medical Association, and the Hopkinsville Chamber of Commerce.

142-Acre Farm

To know Brooks as a businessman you'd have to see his 142-acre farm a few miles from Hopkinsville. You would also need to see the new two-story Brooks Building near downtown; the several valuable pieces of property held; and farmland in Southern Illinois on which several small oil wells have been drilled.

The farm near Hopkinsville, named "Brookland" has been developed as a dairy (pure Holstein cows), with hogs, tobacco and Tennessee Walking Horses. The farm is managed by a permanent caretaker who has a staff that numbers some times as high as 10 men.

Mrs. Brooks is the former Miss Ethel Cowan of Washington. They have two sons, Philip, Jr., business department head at the local high school; and Henry, a premedical student at Morehouse College, Atlanta.

These bits of thought might describe Brook as a humanitarian:

"I tell employees at the hospital to treat these patients like they would want their mothers, fathers sisters and brothers treated and they won't go wrong."

"People here have been very good to me . . .I only engineered the program."

—Nashville Banner

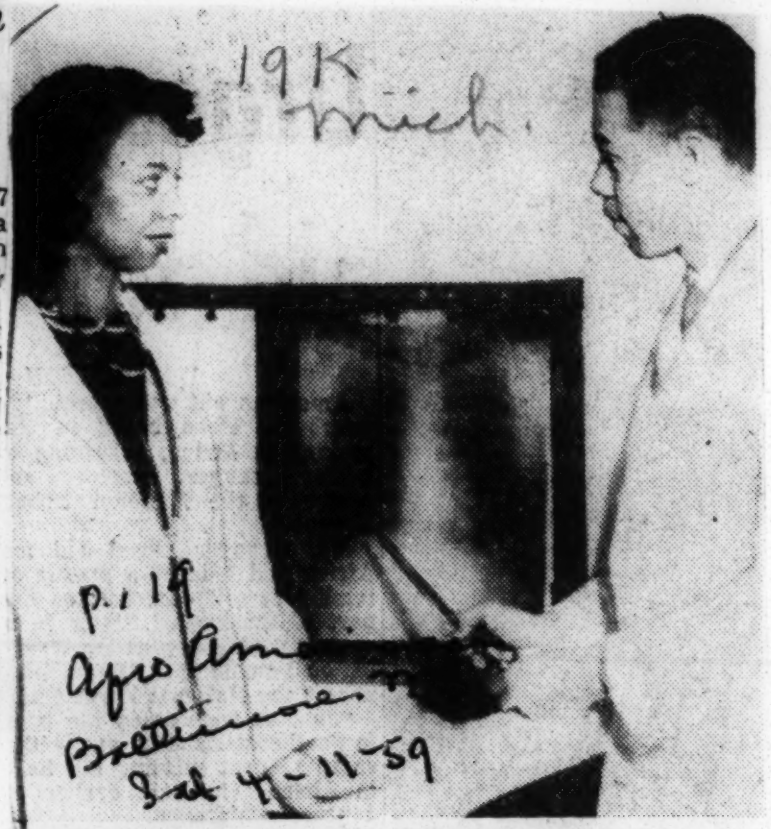
Negro Physician Picked to Head Medical Group

PONTIAC, Mich., Feb. 7 (AP)—Dr. Harry L. Riggs, a Negro physician, has been elected president of the Oakland County Academy of General Practice. The organization has only two Negroes among its 150 members.

Dr. Riggs was nominated by a white physician in his neighborhood. He was elected to the post by a substantial margin over two opponents.

Dr. Riggs, who lives in fashionable Bloomfield Township, has his office in Pontiac. His 8-acre estate includes a swimming pool and tennis court.

He was graduated from Wayne State University and received his medical degree from Howard University in Washington, D. C.



HUSBAND AND WIFE TEAM — Drs. Carl and Donna Powell examine a chest x-ray in the Veterans Administration Hospital near Battle Creek, Michigan.

Dr. Archer A. Claytor Named Michigan's Foremost Family Physician

Grand Rapids—(Special) — Dr. Archer A. Claytor, 65-year-old Saginaw doctor, was honored by the Michigan State Medical Society, Monday as "Michigan's Foremost Family Physician."

The soceity presented an award to Dr. Claytor, son of slave parents, during it's 94th annual session held here this week.

In his 23 years of practice, Dr. Claytor estimates he has delivered more than 4,000 babies.

Dr. Claytor said that opportunities for Negro interns are not yet wide open in the state. Saginew, for example, does not have any Negro interns.

However, the situation nationally and statewide is improving, Dr. Claytor said, just as opportunities for Negroes to attend medical schools are increasing.

Dr. Claytor and his wife, Marie, the daughter of a physician have two teen-age daughters.

Dr. Archer Clayton cited as Michigan's family doc of year

GRAND RAPIDS, Mich. —Dr. Archer Clayton, a 65-year-old Saginaw physician, last week was named Michigan's foremost family physician for 1959-60 by Michigan State Medical Society.

The society's house of delegates voted to give the award to Dr. Clayton on the eve of its annual convention. The physician is the first of his race to receive the award since its inception in 1947.

PERRY PLAQUE TO BE RETURNED TO ORIGINAL LOCATION—Removal of this plaque, dedicated to Dr. J. Edward Perry, from the west wall in the lobby of the Wheatley-Provident hospital several weeks ago brought on a protest from a group of citizens who on Tuesday night of this week requested the Wheatley board of directors to return the plaque to its original location. The board granted the request, voting that the plaque be replaced in the center of the west wall where it was put at dedicatory services in 1946. The plaque had been removed in a program of renovation of the hospital entrance. In its place was put a long mirror which covers the entire length of the west wall. Theodore Frazier, administrator of the hospital, said that he had not planned to discard the plaque but had selected another spot for it in the lobby—on the southwest wall which he felt was a better location than the original one. The protesting citizens, however, said that they wanted the plaque in its original location and the board agreed that it should be returned there.

tion. In an article called "Top Detroit Educator," Ebony points out that Dr. Robinson chided board members for their toleration of racial discrimination in placement and upgrading practices, during his first address following his election last year. Such a situation, he says, is a "kind of neglect of making an opportunity a reality."

Dr. Robinson complains that "our kids go to high school and graduate, but often they don't come away with anything. There must be reasons for this. We don't always yell discrimination, but we must pursue it positively, rather than run it down negatively."

Refusing to confine his work along racial or religious lines, Dr. Robinson is a staff member of Jewish, Protestant and Catholic hospitals. When he arrived at the House of Providence hospital in 1952, he was the first Negro staff member. At that time Negro patients were segregated. Today, as a member of the Providence by-laws committee, he has helped to remove discrimination. Dr. Robinson, father of three teenagers, believes in combining sports with the 3 Rs. He is a champion golfer, who shoots in the 70s and has three aces to his credit. He won the Toledo Blade's 1958 midwest tournament with four under par.

As potential needs opportunity, says Ebony, so education needs men the calibre of Dr. Robinson, who yearns to share the triumphs of his own achievements, his chances and goals, and contends the "the greatest reward for me would be to increase educational opportunities for children in Detroit."

Doctor's Life Follows Horatio Alger Pattern

Dr. Remus G. Robinson, a 54-year-old surgeon, makes Horatio Alger look like a failure, according to the July issue of Ebony magazine.

When he was nine, Robinson's mother sent him to Detroit from Birmingham, Ala., because she wanted him to get the best possible education. Today Dr. Robinson is president and the only Negro member of the Detroit board of education, a job that doesn't earn him a penny.

Dr. Robinson, who also divides his time as a Boy Scout Commissioner, and with the Detroit Commission on Community Relations and Metropolitan Regional Planning Commission, is a leader in the fight against racial discrimina-

19k 1959

MISSOURI

Negro Appointed To Kansas City Hospital Staff

by Milton Bledsoe

Kansas City, Mo. (ANP) — First Negro to hold an administrative position with the city municipal hospital system is Dr. Charles Brook Wilkinson who shortly joins the staff of the psychiatric receiving center as director of outpatient services.

The 37-year-old physicians was graduated from Howard University School of Medicine in 1944 and received his M. S. degree from University of Colorado in 1950.

Dr. Wilkinson came here from Cincinnati Receiving hospital after serving three years in the army from which he was discharged with arnk of major.

Local health officials point out that Dr. Wilkinson's extensive experience in psychosomatic work, patient psychiatry and psychotherapy will be instrumental in further development of this type of service at the General hospital.

Honored Grad

Native of Richmond, Va., Dr. Wilkinson began his medical studies at Howard in 1944 and was graduated under the accelerated plan during war time and served his rotating internship at Freedman's hospital in the nation's capital.

Dr. Wilkinson was instructor for four years in neuro-psychiatry at Howard universiyt, Washington, D. C., and attending physician at Freedman's hospital. This post was followed by his being elevated to an assistant professorship at Howard. During this four years he served as chairman of the intern placement committee of Howard Medical school.

During three years in the U. S. Army Medical Corps he was post phychiatrist at Fort Sheridan, Ill., and consultant to 5th army headquarters which period included also being chief of closed male psychiatric ward, US.A. hospital (Medical Center for Europe) and chief, outpatient and child guidance clinics and head of consultation service, Second General U.S.A. hospital.

In 1958 he served as staff physician at Rollman Receiving hospital and state institute of psychiatry, Cincinnati, Ohio.

19k 1959

MISSOURI

Doctor Given Administrative Post In KC Medical System

By Milton Bledsoe

KANSAS CITY, Mo. (ANP)—First Negro to hold an administrative position with the city municipal hospital system is Dr. Charles Brock Wilkinson who shortly joins the staff of the psychiatric receiving center as director of out-patient services.

The 37-year-old physician was graduated from Howard University School of Medicine in 1944 and received his M.S. degree from University of Colorado in 1959.

Dr. Wilkinson came here from Cincinnati Receiving hospital after serving three years in the army from which he was discharged with rank of major.

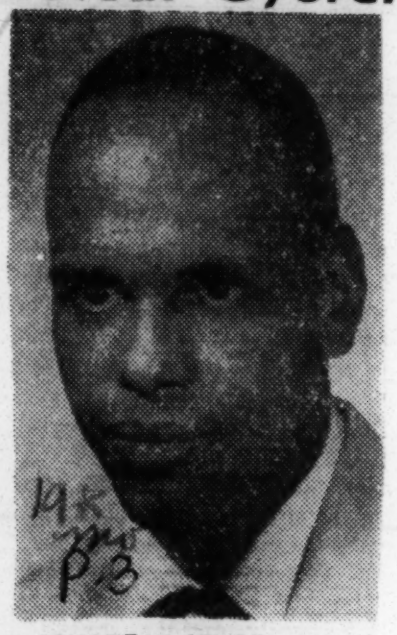
Local health officials point out that Dr. Wilkinson's extensive experience in psychosomatic work, patient psychiatry and psychotherapyill ainstumi nttal. niKwe therapywillbeinstrumentalin..... therapy will be instrumental in further development of this type of service at the General hospital.

Native of Richmond, Va., Dr. Wilkinson began his medical studies at Howard in 1944 and was graduated under the accelerated graduated under the accelerated plan during war time and served his rotating internship at Freedman's hospital in the nation's capital.

Dr. Wilkinson was instructor for four years in neuro-psychiatry at Howard university, Washington, D.C., and attending physician at Freedman's hospital. This post was followed by his being elevated to an assistant professor at Howard. During this four years he served as chairman of the intern placement committee of Howard Medical school.

During three years in the U.S. Army Medical Corps he was post psychiatrist at Fort Sheridan, Ill., and consultant to 5th army headquarters which period included also being chief of closed male psychiatric ward, USA hospital (medical Center for Europe) and chief, outpatient and child guidance clinics and head of consultation service, Second General USA Hospital.

In 1958 he served as staff physician at Rollman Receiving hospital and state institute of psychiatry, Cincinnati, Ohio.



ON COURTESY STAFF.—Dr. A. Taliaferro, Kansas City, Kansas physician and surgeon, is serving for a year on the courtesy staff of Bethany and Provident hospitals here. He was appointed last November. Associated with Dr. Clyde Alexander, in offices at 1514 N. Fifth street, Dr. Taliaferro is president of the medical staff of Douglass hospital; a member of Kappa Alpha Psi fraternity; the Mid-Westerners club; and, Premier Partners. He is a 1954 graduate of Meharry Medical college.

Negro Doctor Heads Cancer Research At Medical Center

Defender

JERSEY CITY, N. J. — Prominence and advancement have come to another Negro doctor at the nationally famous Jersey City Medical center.

Dr. Jonathan C. Gibbs, Jr., attending surgeon and associate director of the isotope division of the hospital, is director of the cancer research program at the Center.

His achievement came with the announcement of Mayor Charles Witkowski that the Medical center is now actively engaged in cancer research.

The appointment of Dr. Gibbs is an indication of further progress for Negroes at the Medical center. It adds more meaning to the frequently expressed policy of Mayor Witkowski that "All citizens be treated as Americans, regardless of race, color or creed," and according each recognition on "merit and ability."

Already progressing under this publicly announced policy of fair play are Dr. Carroll M. Leavy, director of the outpatient department and clinical investigations, and Dr. Clifford C. Smith, chief night physician at the hospital.

Dr. Gibbs announced the initial stages of the new program were terminated with the purchase of the Radioisotope Scanner as part of Mayor Witkowski's expansion and modernization program for the hospital.

CANCER RESEARCH

Aided by the use of radioactive doses, the new machine can detect malignant growths, tell to what extent they have infiltrated the organs, reveal if the growth has spread to others parts of the body, and if the patient is responding to treatment.

As soon as a sufficient number of cases have been studied, the board will issue a report on its findings to the proper medical agencies, Dr. Gibbs reports.

Born in Trenton, Dr. Gibbs received his bachelor's degree in zoology from Howard university in 1946 and his doctorate in medicine in 1950

Dr. Gibbs served his internship at the Medical center in 1951, and from 1951 to 1955, his residency in surgery. He received his license to practice nuclear medicine from the U. S. Atomic Energy commission in 1956.

The doctor is also an associate in surgery at St. Francis hospital, Jersey City, and St. Mary's hospital, Passaic; associate in nuclear medicine at St. Mary's and adjunct in surgery at Christ hospital, Jersey City.

Dr. Gibbs is a member of the American Medical association, Society of Nuclear Medicine, Hudson County Medical association, Ki Delta Mu, Alpha Phi Alpha, NAACP, and a member of the executive board of Hudson Council of Boy Scouts of America.

He is married to the former Verna Thomas, who is a graduate of Hunter college and possesses a master's degree in education from Howard university. They have three daughters and a son and reside at 115 Gifford ave., Jersey City.

New Cancer Drugs, Lady Surgeon Says

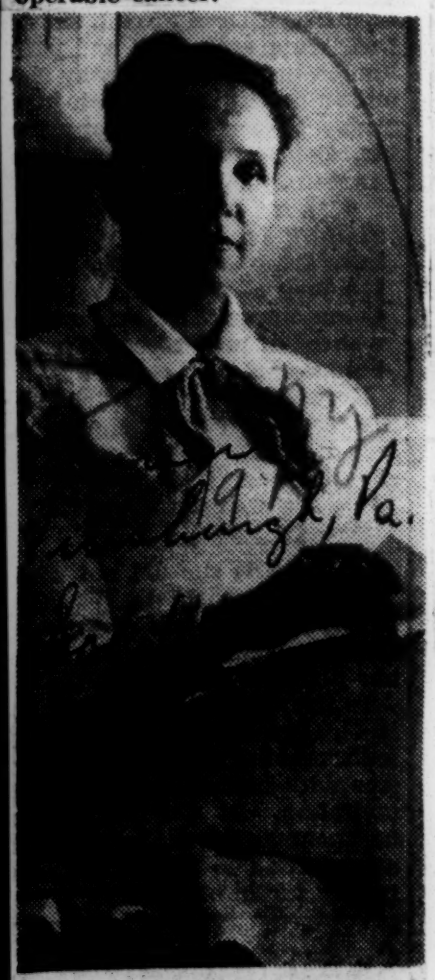
Courier Pittsburgh, Pa.
Sat. 8-27-59 P1

NEW YORK — Dr. Jane C. Wright, assistant professor of surgery at the Post-Graduate School New York University-Bellevue Medical Center, told an Alumni Day audience of the New York Medical College of new approaches in cancer chemotherapy—the treatment of cancer with drugs.

A technique known as "isolation-perfusion," by which drug treatment is localized with a heart-lung type apparatus, still is in the trial stage, Dr. Wright said.

She expressed hope that the method might become important in the treatment of inoperable cancer.

"There is still no chemical compound which alone is capable of producing a cure of cancer in man," she said, "However, the pathways to more rapid progress are marked and the recent advances in this field have stimulated hope for a chemical breakthrough."



DR. JANE WRIGHT
. . new hope for cancer victims

Durham Medico Named To Thoracic Group

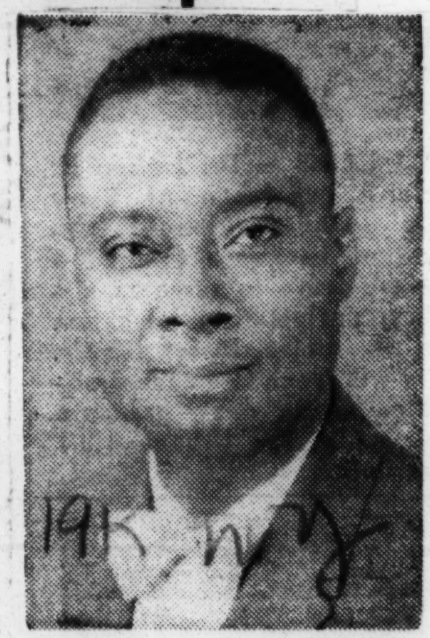
Courier Pittsburg, Penna.
Sat. 9-5-59 P1

NEW YORK—Dr. John W. V. Cordice Jr., son of a prominent late Durham, N. C., physician, was recently notified of his acceptance by the American Association for Thoracic Surgery.

An outstanding surgeon and practitioner himself, Dr. Cordice was catapulted into the national limelight last spring as one of a team of surgeons which operated on Dr. Martin Luther King following his stabbing in New York.

He was recently a member of a surgical team which performed the first case employing "open heart" surgery using a pump-oxygen generator at Orange Memorial Hospital in Orange, N. J.

Dr. Cordice is currently a visiting surgeon in heart and blood surgery at Harlem Hospital, instructor at the State University of New York College of Medicine and maintains a private practice in New York and Orange, N. J.



DR. JOHN W. CORDICE JR.
. . . thoracic surgery honoree

High court may listen to doctors

WASHINGTON (NNPA) — The Supreme Court may decide shortly whether it will take up at this term the question of racial discrimination against colored physicians.

Three colored physicians of Wilmington, N.C., have petitioned the court to review the judgement of lower federal courts that they lack jurisdiction to hear and determine the question.

The petitioners are Dr. Hubert A. Eaton, Dr. Daniel C. Roane and Dr. Samuel J. Gray. They are seeking to obtain admission to practice medicine in James Walker Memorial Hospital on the "courtesy staff."

Defendants in the case are tthe City of Wilmington, N.C., and the County of New Hanover, the hospital's board of managers and H. E. Hamilton, secretary of the board.

* * *

THE GENERAL Assembly in 1953 passed an act under which funds have been paid to the hospital. Since 1952, the hospital has received yearly from the city and county sums ranging from $21,672 to $64,804.

Drs. Eaton, Roane and Gray applied on March 19, 1955, for staff privileges at the hospital, consisting of being allowed the use of private rooms and pay wards for their patients. Their applications were rejected.

In their petition for review of the dismissal of their suit by the Federal District Court and the U.S. Court of Appeals, the three physicians state that discrimination against colored physicians generally, and especially by governmental institutions, raises "a question of the gravest national importance."

* * *

THEY SAY the problem is not merely one of the economic boycott against such physicians, as in this case where no colored patients are permitted to use the hospital unless their physicians are white.

Because colored physicians are so often excluded from the main stream of medical development, the three petitioners assert, such physicians have increasingly in recent years avoided practicing in the South.

It is "shocking," they state, that, despite the increase in the colored population in major southern cities, the number of colored physicians in such cities is decreasing.

This not only affects the "quantity" of medical care available to the colored community, they maintain, but "seriously affects the quality."

N. C. Medical Body Selects New Officials

FAYETTEVILLE, N. C. — Two High Point dentists were, last week, installed as president and president-elect of the Old North State Medical Society at the closing session of the organization's 40th annual convention.

The two-day meet was held here on Tuesday and Wednesday, June 16-17, on the campus of Fayetteville State Teachers College.

Dr. J. J. Wilson, elected last June, was installed as president of the organization and Dr. J. C. Morgan was elected president at the recent meet. The latter will assume the presidency next year. Both are practicing in High Point.

Other officers installed included: Dr. J. M. Hubbard Jr., Durham, newly elected secretary-treasurer, and Dr. J. H. Horton, Edenton, assistant secretary-treasurer. Dr. Hubbard succeeds Dr. M. L. Watts, Raleigh, who has served at the post for more than 20 years.

Dr. Watts was named secretary-treasurer emeritus. Dr. G. L. Butler, Fayetteville, was elevated to the executive committee and Dr. R. L. Foy, Kinston, was elected vice president of the National Dental Association, in charge of the North Carolina program.

The group voted to meet next June at A. and T. College in Greensboro.

DOCTOR OF THE YEAR—Dr. Edson E. Blackman, right, Charlotte physician, receives the Doctor of the Year award given annually by the Old North State Medical Society. The presentation was made at the 72nd annual convention of the organization held last week at A. and T. College. Making the presentation is Dr. J. S. Simmons, left, Sanford, chairman of the awards committee, as Dr. W. C. Shanks, center, Burlington, retiring president, looks on.

ACS Names Ohio Medico

COLUMBUS, Ohio—Dr. Ernest M. Newkirk recently was initiated into the American College of Surgeons in ceremonies in Atlantic City, N.J.

A graduate of Meharry Medical College, Dr. Newkirk also received specialty training in obstetrics and gynecology at Provident Hospital in Baltimore, followed by a research fellowship in Columbia-Presbyterian Medical Center and F. Delafield Cancer Hostal.

Dr. Newkirk

Dr. Newkirk is author of three medical articles and a consultant on the senior staff of St. Anthony Hospital, St. Ann's Hospital for Women and Mercy Hospital.

He also is on the advisory board of two local organizations, Franklin County Welfare and Planned Parenthood, being placed in these positions by the Columbus Academy of Medicine.

19k 1959

OKLAHOMA

Medical Group To Hold Meet In Muskogee

The 51st annual session of the Oklahoma Medical, Dental and Pharmaceutical association will convene May 13-15 in Muskogee, it has been announced.

Opening the meeting in Carpenters Hall will be an address by the president, Dr. C. N. Atkins, of Oklahoma City. Lecturing at the same session will be Dr. A. H. Kruse, Muskogee, whose topic will be "The Acute Abdomen."

Thursday afternoon session will feature a lecture by Dr. S. Banks, head of the Oral Surgery department, Meharry Medical college. Also lecturing the same afternoon will be Dr. Joseph James, Muskogee, on "Heart Disease," and Dr. Ralph Cozart, professor of pharmacology at Meharry Medical college. The topic will be "Antibiotics; Pharmacology, Uses and Abuses."

Atty. Amos T. Hall will speak at Thursday's dance and banquet at Manual Training high school.

Friday sessions will highlight lectures by Dr. James A. Cox jr., of Oklahoma City, whose topic will be "Review of Diagnosis and Treatment in Psychiatry"; "Wills, Estates, Trusts," by Atty. Cecil Robertson, of Muskogee; "Common Problems in Oral Surgery and Exondontia" by Dr. S. O. Banks.

Meharry Medical Instructor To Practice Surgery Here

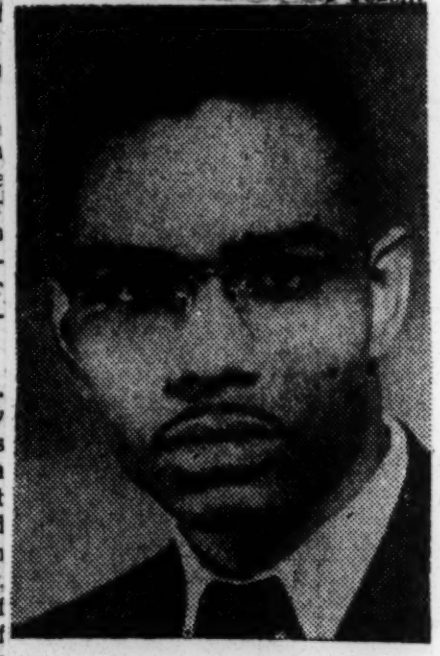
Husband and Wife Professional Team Together After Years of School, Advanced Study, Research and Tour of Army Duty

The dreams of two college kids, a girl from New York and a boy from New Orleans, came true this week as Dr. Louis J. Bernard, cancer researcher and surgeon, joined his wife, Dr. Gladys J. Williams, internist, at their joint office, 624 N.E. 4th street. Dr. Bernard arrived Wednesday after having closed a tour of duty as instructor in the department of surgery at Meharry Medical college, Nashville, Tenn. They met while both were medical students at Meharry. Both have awaited the happy moment of Wednesday, when each could establish practice in the same city, through the senior period of medical school; the birth of two daughters, internships, fellowships and research, plus a tour of duty in the army for Dr. Bernard.

A native of LaPlace, La., Dr. Bernard is a product of the New Orleans public schools where his sister, Miss Antonia Bossier, is a veteran teacher and principal at McDonough No. 42. He received a Bachelor of Science degree in chemistry at Dillard university, New Orleans, was valedictorian of his class as well as president of the Student Council and part-time student instructor. He earned his medical degree at Meharry Medical college and gained numerous scholastic honors while doing cancer research study under Dr. P. F. Hahn in the field of radioactive gold. His surgical resident training was also at Meharry under Dr. Matthew Walker.

There was no honey moon for the young doctors up to the point of his internship at Hubbard hospital, Nashville, but immediately thereafter Dr. Bernard was called to active duty with the army and did a two-year tour in the European theatre of operations. This gave the busy young medics their first break from a rugged training schedule, thus Dr. Gladys Williams took a month off to visit her soldier husband in Paris and other European cities.

After his return to the United States in 1953 ,the young surgeon resumed his study in cancer research at the department of surgery, University of Rochester, N. Y. He was later granted a surgical fellowship at Memorial hospital for Cancer Surgery at New York City where he reached a proficiency which merited the recent



DR. LOUIS J. BERNARD

Instructorship in the Department of Surgery at Meharry.

Doctors Bernard and Williams are at home at 2501 N.E. 17th street, along with their two daughters, Tony and Phyllis. He is a member of Kappa Pi honorary medical fraternity; NAACP, various professional and research groups as well as Alpha Phi Alpha fraternity.

YOUR HISTORY

Dates Back Beyond the Cotton Fields in the South . . . Back Thousands of Years Before Christ! . . . .

By J. A. ROGERS

ILLUSTRATIONS BY A. SAMUEL MILAI

Courier Pittsburgh Pa.

DR. CAROLINE ANDERSON

1848-1919. BORN IN PHILADELPHIA. DAUGHTER OF WILLIAM STILL, FAMOUS UNDERGROUND RAILROAD LEADER. GOT MD FROM WOMEN'S COLLEGE IN 1876. INTERNED AT THE NEW ENGLAND HOSPITAL. WHO'S WHO SAID, "ONE OF PHILADELPHIA'S FOREMOST WOMEN.... A PIONEER OF HER SEX IN THE FIELD OF MEDICINE." FOUNDED YWCA OF THAT CITY.

Sat. 7-4-59

P. 13

19K

19k 1959

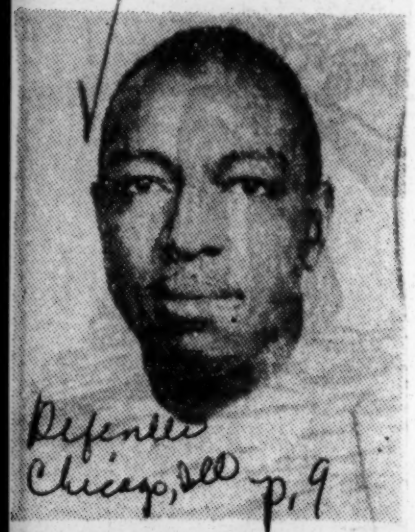
PENNSYLVANIA

Pediatrician Gets Wyeth Fellowship

Defender p9

PHILADELPHIA — Dr. Frank Mitchell, jr., 7121 Champlain, CHICAGO, has been awarded a Wyeth laboratories pediatric residency fellowship, it was announced today by Dr. Philip S. Barba, past president of the Americar Academy of Pediatrics and chairman of the selection commmittee.

Engaged in general practice in Chicago for the past two years Dr. Mitchell will take his resid



Defender
Chicago, Ill p. 9

DR. FRANK MITCHELL JR.

Sat. 1-25-59

ency at Cook County hospital. He received his B. S. and M. D. degrees from the University of Illinois. And served with the U. S Army Medical corps in Germany.

The pediatric progarm, sponsored by the Wyeth Fund for postgraduate Medical Education, provides a grant of $4,800 to each physician , thus enabling him to spend two years of advanced study in the care and treatment of children.

Sat. 1-25-59

The recipients, from 16 different states, are the second group to benefit from the program established last year by the Philadelphia pharmaceutical manufacturing firm.

19k 1959

SOUTH CAROLINA

Confab To Hear Dr. W. H. Borders

COLUMBIA, S. C. — The Executive Board of the Palmetto Medical, Dental and Pharmaceutical Association met recently at Benedict College, Columbia, S. C. to formulate final plans for the 63rd Annual Meeting of the Association and the twenty-third Clinic which will be held at the McClanahan Banks Memorial Hospital, Charleston, S. C., April 28-30.

The session will begin with President W. S. Thompson, D. D. S., Georgetown, S. C., delivering the President's Annual Address.

F. G. Jenkins, D. D. S. is president elect; H. E. Hill, Ph. C., Seneca, S. C., executive secretary; H. S. Smiley, D. D. S., Greenville, S. C., Corresponding Secretary; C. C. Brevard, D. D. S., treasurer, Camden, S. C.

Dr. W. H. Borders, pastor, Wheat Street Baptist Church, Atlanta, Ga., will be guest speaker, April 29, 8 p. m.

Outstanding clinicians in medicine, dentistry and pharmacy will appear on the program.

Dr. Henry Everett, Buffalo, New York and Columbia, S. C., will discuss the Surgical Point of view of Breast Cancer and Cancer of the Colon and Rectum.

Dr. W. H. Sinkler, medical director, Homer G. Phillips Hospital, St. Louis, Mo., will appear on the Surgical program also.

Dr. Edwards S. Cooper, internist, Philadelphia, will appear on the program as well as Dr. J. L. Martin, radiologist.

The Dental clinicians are Drs. Joseph L. Henry and Thomas J. Pinson, Howard university, Washington, D. C., and Dr. K. A. Best, Meharry Medical college and Lewis Watkins, dental technician, Meharry Medical College, Nashville, Tenn.

Dr. Chauncey I. Cooper, Dean of the Department of Pharmacy, Howard University, Washington, D. C. is the pharmaceutical Speaker.

The Social Events will consist of a smoker, cocktail parties and a Seafood Frolic.

19k 1959

TENNESSEE

Negro Heads Tennessee County Medical Unit

All Dr. Donalson's Fellow Members In Lincoln County Are White

By MARTIN MOON
Associated Press Staff

FAYETTEVILLE, Tenn., Feb. 21.—He came to Fayetteville in Middle Tennessee with little more than a diploma and a 98-cent medical bag.

And in those penny-hard depression days, he began his long service ministering to the medical needs of his fellow Negroes.

For his service, Dr. L. M. Donalson, 51, has won praise and recognition.

But no honor can touch the one recently given him. His colleagues — all of them white — picked him to be 1960 president of the Lincoln County Medical Association.

Nowhere else in the Southland does a Negro head such a white professional group.

Personality

How did Donalson react to his election?

He seemed somewhat embarrassed by the attention focused upon him.

"I'm just a country doctor trying to make a living," he says.

The doctor showed similar reticence about having the county's Negro hospital named after him.

When the Lincoln County Court announced that it would be known as the Donalson Hospital, he suggested: "Call it the Booker T. Washington Hospital."

"Booker T. Washington was a fine man," Donalson was told, "but he never did anything for Lincoln County."

'The Rightful Thing'

Naming the hospital for Donalson as well as his selection as association president-elect were accepted locally as the rightful thing to happen to a man of proved ability.

Thus, white and Negro residents of the county were astonished that there was such widespread attention given Donalson's election.

Negroes in the area are "very, very proud he received such an honor," says James Lemons, Lincoln County Negro leader who is an agriculture teacher at Fayetteville's Negro high school. He adds: "However, Dr. Donalson is highly qualified."

Whites and Negroes alike point with pride not only to the Donalson Hospital but to the well equipped Negro high school, a big new Negro elementary school, and a summer recreation program for Negroes.

"Let the preachers handle this," Dr. Donalson, who has a number of white patients, says of integration. "All I can do is practice medicine. I think doctors should stay in their place and let politics alone. We have no problem in this county at all."

The white doctors who elected Donalson call the move routine. Young Dr. Lex Patrick, the current head of the association, explains that Donalson was a qualified member in good standing and it was about time he took over the president's chores. The election was without opposition.

The doctor's arrival in Fayetteville in 1932 after graduating from Meharry, a highly ranked Negro medical college at Nashville 85 miles away, is something of a local legend.

He Was Able To Walk

Donalson picked Fayetteville because it was small enough so he could walk from patient to patient. He had no car and no hope of getting one.

Before boarding the bus in Nashville he bought his equipment: A 98-cent medical bag, one 40-cent roll of gauze, a roll of adhesive, one artery clamp and a stethoscope. With that he set up a practice.

That practice led him — for six months on foot then in a borrowed car—to Negro homes in the town and for miles around. There were frequent stops at the offices of his new friends, the town's white doctors, who not only assisted in difficult operations but opened their supply rooms to him.

Modest Doctor Has Won A Hospital, Other Gains For His Race

Lack of facilities didn't stop the need for operations.

"Most of them took surgery at home," Dr. Donalson says. It was usually a good choice. The town's first Negro hospital, opened in 1936, was a rundown double tenement house with two beds.

Donalson put a request before the country court for a real hospital for Negroes. The court gave him an old dormitory from the white hospital, provided the Negroes could raise $500 to move the structure to the town's Negro section.

The newly established hospital was destroyed by the 1952 tornado.

Donalson went to the court again. This time it offered to pay rent on a house to be used as a temporary hospital.

Then the court granted the hard-working doctor's biggest dream: A new $100,000 hospital. Included were an operating room, a delivery room, X-ray room, office, treatment rooms, a laboratory, a small nursery and rooms for about a dozen patients.

Almost as soon as it was built the hospital, which is nearly self supporting, was overcrowded. Again Donalson appealed to the county court.

Never Turned Him Down

"They've never turned me down," he says. The court authorized a 10-bed wing and construction is already under way. Donalson gives the court most of the credit for the modern medical service to Negroes in the area.

He plans another appearance there soon. "What I really want," he says, "is a pediatrics wing staffed by interns and resident specialists from Meharry."

When he started his Fayetteville practice, Dr. Donalson had one thing in mind: earn enough money to get to New York City and practice there. It wasn't long before local white doctors talked him into staying. Now he is trying to get young Negro doctors to do likewise in places like Fayetteville.

"Everybody's grateful to Dr. Donalson," says Mrs. Herbert Baker, a patient of Donalson's for 18 years.

And Dr. Donalson is grateful to everyone. An extremely modest man, his own description of his work consists of credits to others, his college, the Lincoln County Court, Fayetteville's white physicians and the town's business and civic leaders of both races.

He's not sure he likes the amount of publicity his new medical association office has brought him. Like his fellow townsmen he prefers to take it quietly in his stride. Had he known he was coming, he told one of a recent string of visiting newsmen, "I would have been out somewhere hunting rabbits."

DR. DONALSON

Dr. Donalson Sets Precedent in Tennessee

By MARTIN MOON.

FAYETTEVILLE, Tenn. (AP) — He came to Fayetteville with little more than a diploma and a 98-cent medical bag.

And in those penny-hard depression days, he began his long service ministering to the medical needs of his fellow Negroes.

For his service, Dr. L. M. Donalson, 51, has won praise and recognition.

But no honor can touch the one recently given him. His colleagues—all of them white—picked him to be 1960 president of the Lincoln County Medical Assn.

Only One In South.

Nowhere else in the Southland does a Negro head such a white professional group.

How did Donalson react to his election?

He seemed somewhat embarrassed by the attention focused upon him.

"I'm just a country doctor trying to make a living," he says.

The doctor showed similar reticence about having the county's Negro hospital named after him.

When the Lincoln County Court announced that it would be known as the Donalson Hospital, he suggested:

"Call it the Booker T. Washington Hospital."

"Booker T. Washington was a fine man," Donalson was told, "but he never did anything for Lincoln County."

Naming the hospital for Donalson as well as his selection as association president-elect were accepted locally as the rightful thing to happen to a man of proved ability.

Thus, white and Negro residents of the county were astonished that there was such widespread attention given Donalson's election.

Negroes in the area are "very very proud he received such an honor," says James Lemons, Lincoln County Negro leader who is an agriculture teacher at Fayetteville's Negro high school. He adds: "However, Dr. Donalson is highly qualified."

He Sticks to Medicine.

White and Negroes alike point with pride not only to the Donalson Hospital but to the well equipped Negro High school, a big new Negro elementary school, and summer recreation program for Negroes.

"Let the preachers handle this," Dr. Donalson, who has a number of white patients, says of integration. "All I can do is practice medicine. I think doctors should stay in their place and let politics alone. We have no problem in this county at all."

The white doctors who elected Donalson call the move routine. Young Dr. Lex Patrick, the current head of the association, explains that Donalson was a qualified member in good standing and it was about time he took over the presi-

dent's chores. The election was without opposition.

The doctor's arrival in Fayetteville in 1932 after graduating from Meharry, a highly ranked Negro medical college at Nashville 85 miles away, is something of a local legend.

Donalson picked Fayetteville because it was small enough he could walk from patient to patient. He had no car and no hope of getting one.

Before boarding the bus in Nashville he bought his equipment: a 98-cent medical bag, one 40-cent roll of gauze, a roll of adhesive, one artery clamp and a stetheoscope. With that he set up a practice.

That practice led him—for six months on foot then in a borrowed car—to Negro homes in the town and for miles around. There were frequent stops at the offices of his new friends, the town's white doctors, who not only assisted in difficult operations but opened their supply rooms to him.

Lack of facilities didn't stop the need for operations.

"Most of them took surgery at home," Dr. Donalson says. It was usually a good choice. The town's first Negro hospital, opened in 1936, was a rundown double tenement house with two beds.

Donalson put a request before the county court for a real hospital for Negroes. The court gave him an old dormitory from the white hospital, provided the Negroes could raise $500 to move the structure to the town's Negro section.

The newly established hospital was destroyed by the 1952 tornado.

Donalson went to the court again. This time it offered to pay rent on a house to be used as a temporary hospital.

Then the court granted the hard-working doctor's biggest dream—a new $100,000 hospital. Included were an operating room, X-ray room, office, treatment rooms, a laboratory, a small nursery and rooms for about a dozen patients.

Almost as soon as it was built the hospital, which is nearly self-supporting, was overcrowded. Again Donalson appealed to the county court.

"They've never turned me down," he says. The court authorized a 10-bed wing and construction is already under way. Donalson gives the court most of the credit for the modern medical service to Negroes in the area.

Dr. L. M. Donalson

Want Dentist, Doctor, Atty. In Tennessee

CLARKSVILLE, Tenn. — The Negro Civic Organization of Clarksville, Tenn., has issued an appeal for a Negro doctor, dentist and lawyer.

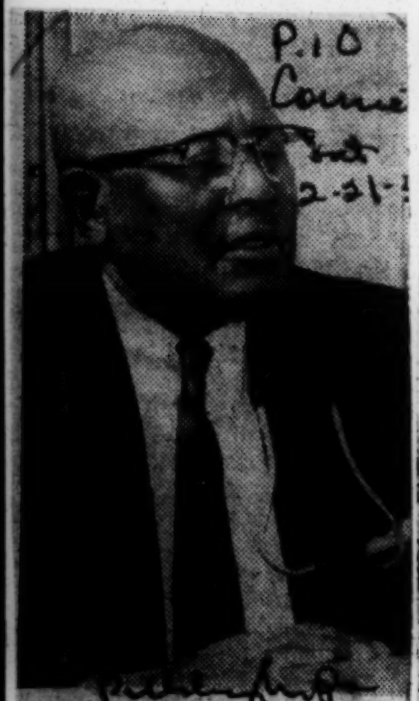
Clarksville, the county seat of Montgomery County, is the fastest growing city in Tennessee and is located on U. S. Highway 41-A, running between Chicago and southern points.

Also running through Clarksville is U. S. Highway 79 between Memphis, Tenn., and Louisville, Ky.

FORT CAMPBELL, KY., is one of the largest military establishments in the nation, and is located just eight miles north of Clarksville, Nashville is 45 miles from Clarksville.

There are about 5,000 Negroes in Clarksville, which boasts churches, schools, the largest artificial lake in the world with some of the best fishing, and Austin Peay State College, co-educational with an enrollment of 1500 students.

Interested persons should write: Francis L. Young, Negro Civic Organization, 1139 Franklin St., Clarksville, Tenn.



Medic Honored

—Dr. L. M. Donalson, who founded a hospital and clinic bearing his name in Fayetteville, Tenn., has been named president-elect of the Lincoln County Medical Association, the first Negro in the state to head such a group.

Name Negro Prexy Of County Medical Group

FAYETTEVILLE, Tenn. — Dr. Latha M. Donaldson the only Negro member of the Lincoln County Medical Society, was recently named president-elect of the organization by acclamation. His term of office will begin in 1960.

A practicing physician here for the past 26 years, and the only Negro doctor in the city, Dr. Donaldson was invited to become a member of the previously all-white medical group in 1954.

A native of Bainbridge, Ga., Dr. Donaldson is an alumnus of Lincoln university in Pennsylvania. He arrived in Fayetteville in 1932 after having completed his studies for the medical degree at Meharry Medical college in Nashville.

At present, Dr. Donaldson said there are from 12 to 15 other doctors who are members of the Lincoln County Medical Society. Before his election to the presidency he said that he had never been elected to any office in the organization.

Dr. Donaldson serves both white and Negroes, and he estimated that at present 40 per cent of his clients are white.

His wife, Mrs. Claudia Donaldson, is a teacher at the Market Street Elementary school in this city.

DR. L. M. DONALDSON

DOCTOR OF THE YEAR. — Dr. L. M. Donaldson, general practitioner from Fayetteville, Tenn., was named "General Practitioner of the Year" during the 64th annual convention of the National Medical association in Detroit. Dr. E. Mae McCarroll, chairman of the awards committee, made the presentation during the public meeting of the convention held in the Ford auditorium.

HEADS HOSPITAL NOW

Negro Doctor Honored By Medical Colleagues

FAYETTEVILLE, Tenn. (AP)—He came to Fayetteville with little more than a diploma and a 98-cent medical bag.

And in those penny-hard depression days, he began his long service ministering to the medical needs of his fellow Negroes.

For his service, Dr. L. M. Donalson, 51, has won praise and recognition.

But no honor can touch the one recently given him. He colleagues —all of them white—picked him to be 1960 president of the Lincoln County Medical Assn.

Nowhere else in the Southland does a Negro head such a white professional group.

How did Donalson react to his election?

He seemed somewhat embarrassed by the attention focused upon him.

"I'm just a country doctor trying to make a living," he says.

The doctor showed similar reticense about having the county's Negro hospital named after him.

SUGGESTS BOOKER T.

When the Lincoln County Court announced that it would known as the Donalson Hospital, he suggested:

"Call it the Booker T. Washington Hospital."

"Booker T. Washington was a fine man," Donalson was told, "but he never did anything for Lincoln County."

Naming the hospital for Donalson as well as his selection as association president-elect were accepted locally as the rightful thing to happen to a man of proved ability.

Thus, white and Negro residents of the county were astonished that there was such widespread attention given Donalson's election.

Negroes in the area are "very very proud he received such an honor," says James Lemons, Lincoln County Negro leader who is an agriculture teacher at Fayetteville's Negro high school. He adds: "However, Dr. Donalson is highly qualified."

NEGRO SCHOOL

White and Negroes alike point with pride not only to the Donalson Hospital but to the well equipped Negro high school, a big new Negro elementary school, and a summer recreation program for Negroes.

"Let the preachers handle this," Dr. Donalson, who has a number of white patients, says of integration. "All I can do is practice medicine. I think doctors should stay in their place and let politics alone. We have no problem in this county at all."

The white doctors who elected Donalson call the move routine. Young Dr. Lex Patrick, the current head of the association, explains that Donalson was a qualified member in good standing and it was about time he took over the president's chores. The election was without opposition.

The doctor's arrival in Fayetteville in 1932 after graduating from Meharry, a highly ranked Negro medical college at Nashville 85 miles away, is something of a local legend.

Donalson picked Fayetteville because it was small enough he could walk from patient to patient. He had no car and no hope of getting one.

LITTLE EQUIPMENT

Before boarding the bus in Nashville he bought his equipment: a 98-cent medical bag, one 40-cent roll of gauze, a roll of adhesive, one artery clamp and a stetheoscope. With that he set up a practice.

That practice led him — for six months on foot then in a borrowed car — to Negro homes in the town and for miles around. There were frequent stops at the offices of his new friends, the town's white doctors, who not only assisted in difficult operations but opened their supply rooms to him.

Lack of facilities didn't stop the need for operations.

"Most of them took surgery at home," Dr. Donalson says. It was usually a good choice. The town's first Negro hospital, opened in 1936, was a rundown double tenement house with two beds.

Donalson put a request before the county court for a real hospital for Negroes. The court gave him an old dormitory from the white hospital, provided the Negroes could raise $500 to move the structure to the town's Negro section.

LOST IN TORNADO

The newly established hospital was destroyed by the 1952 tornado.

Donalson went to the court again. This time it offered to pay rent on a house to be used as a temporary hospital.

Then the court granted the hard-working doctor's biggest dream—a new $100,000 hospital. Included were an operating room, a delivery room, X-ray room, office, treatment rooms, a laboratory, a small nursery and rooms for about a dozen patients.

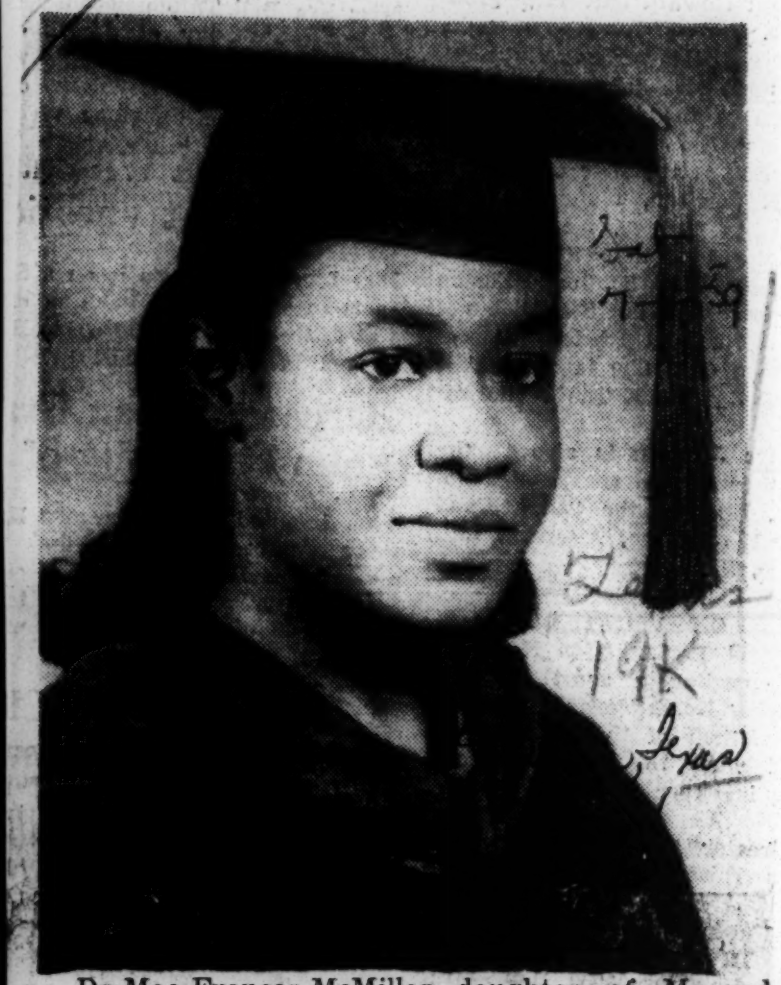
Almost as soon as it was built the hospital, which is nearly self-supporting, was overcrowded. Again Donalson appealed to the county court.

"They've never turned me down," he says. The court authorized a 10-bed wing and construction is already under way.

HEADS HOSPITAL NOW

Negro Doctor Honored By Medical Colleagues

MEDICAL GRADUATE



Dr Mae Frances McMillan, daughter of Mr and Mrs Ben S. McMillan, Sr, of 3116 Columbia, is a grad in the June class at Meharry Medical College, Nashville, Tenn. The young medic's father is principal of Burrus Junior High School.

Offer Is Rejected By Negro Doctors

RICHMOND, Feb. 7 (AP) The Richmond Medical Society, an organization of Negro physicians, announced that it has voted unanimously to turn down an invitation to attend scientific sessions of the white Richmond Academy of Medicine.

The invitation was extended in November when the Academy voted not to accept Negroes for membership.

Noted Femme Doctor Is Windy City Delegate

A young doctor who has achieved several "firsts" in her home state of Virginia was among the delegates in Chicago last week to attend the American Academy of Allergy at the Morrison hotel.

Dr. Jean L. Harris Ellis was entertained during her stay in the city by Dr. Albert R. Graves, a family friend.

The history-making attractive young doctor, who is a native of Richmond, Va., and the daughter of Dr. and Mrs. Vernon J. Harris, was the first Negro admitted to the Medical college of Virginia. She received her B. S. in chemistry from Virginia Union university.

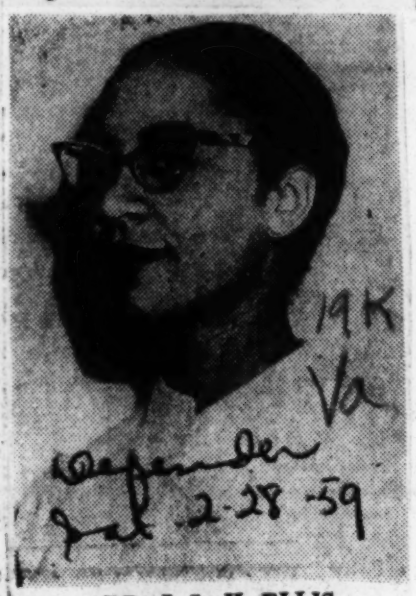
After receiving her M. D., she was the first of her race to serve her interneship and residency in the state and possibly the first in the South.

Dr. Ellis was the recipient of a fellowship from the National Institute in arthritis and metubolic diseases.

At present she is a fellow in medicine at Strong Memorial Institute in Rochester, N. Y. She received the two year fellowship from the National Institute of Health and is doing research in immunology (allergy is in the field of immunology) tolerance.

Last June the young physician gave a paper in California at the national meeting of the American Rheumatism association.

She would like to eventually teach medicine at a university or form a doctor-dentist partnership with her husband, Leslie Ellis, who will enter Howard university Dental school next September.



DR. J. L. H. ELLIS

Lynchburg Doctor Honored For 50 Years Of Service

By L. W. SPENCER

LYNCHBURG, Va. — Dr. Kyle M. Pettis, who has a half century of service in the medical profession, was honored for his record and achievements at the annual conference of the Old Dominion Medical Society at Hampton Institute June 10-11. He received an award for his services.

Dr. Pettis, a native of Montgomery county, Va., was recognized for his long service here in the Hill City where he began his practice in an office on Taylor street in 1909 at the age of 28. He now has a new office at 1005 Fifth street. The 78-year-old physician is a graduate of Howard University, Washington, D. C. He has treated three generations of patients in Lynchburg and adjacent areas. Active and doing a good job, he has made no immediate plans for retirement.

DR. PETTIS is a member of the Lynchburg General Hospital's visiting staff. He is the father of five children, and resides at 1903 Bedford avenue. He is a member of Jackson Street Methodist Church, a member of the local chapter of Alpha Phi Alpha Fraternity, and is vice president of the Virginia Mutual Benefit Life Insurance Company.

19K Va.

Norfolk Medical Society Sponsors Annual Spring Clinic

The annual Spring Clinic of the Norfolk Medical Society was held Wednesday (April 15) at the Norfolk Division of Virginia State College. Pictured above are members of the society as they gathered at intermission time in the day-long session. That evening the physicians sponsored their annual Spring Clinic banquet in the Amelia Room of the Norfolk Municipal Airport.

Among those shown in the picture (but not in the order named) are the following: Doctors A. B. Green Jr., president; C. M. Moore, secretary; J. S. Selden, treasurer; G. Hamilton-Francis, chaplain; J. J. Quarles Jr., sergeant-at-arms; G. T. Alston, E. D. Burke, J. W. Capps and C. R. S. Collins.

Also Doctors J. T. Givens, O. W. Hoffler, W. M. Hoffler Jr., E. G. Mitchell, G. E. Peace, J. T. Sydnor, J. O. Willie and S. R. Wilson Jr

(Pictures taken Wednesday evening at the Spring Clinic banquet will be published in next week's Journal and Guide.)

19m 1959

Tuberculosis On The Run

Twenty years from now tuberculosis, once a leading cause of death, may have joined bubonic plague, yellow fever and polio among the almost forgotten medical rarities of the Western World. At least that is the implication of figures compiled and analyzed by Dr. Louis I. Dublin, dean of American health statisticians, in which he traces the steady disappearance of tuberculosis from mortality tables.

The most spectacular drop in the TB death rate, The Health News Institute reminds us, occurred with the introduction of the antibiotics streptomycin and dihydrostreptomycin, subsequently aided by such potent pharmaceutical allies as the drugs PAS (Paraaminosalacyclic-acid) and isoniazid.

The relentless conquest of tuberculosis by modern medications was recently dramatized in a special dispatch to The New York Times from Saranac Lake, New York. As late as ten years ago, Saranac was still synonymous the world over with the rest cures and surgery which were the old pattern of tuberculosis treatment.

In 1948, some 1,200 chest operations were performed in the Saranac Lake General Hospital alone. Last year there were 86. In one peak year at the end of World War I, the Saranac census showed more than 1,700 patients in 165 private sanitoriums. Now there are only 11 sanitoriums with 57 patients, among them some who reject discharge in order to live out their old age in familiar surroundings. As Saranac's village leaders admit, the health "industry" is dead. The Adirondack community sees recreation, rather than sanitoriums and hospitals, as its future.

All this is amply supported on a nation-wide scale, says the HNI, by Dr. Dublin's epidemiological figures. In 1900, there were an appalling 200 deaths from tuberculosis for every 100,000 population. By 1957, this mortality rate had dropped to 7.8 per 100,000, and at the present rate of decrease, says Dr .Dublin, the figure "should probably decline to 0.3 per 100,000 by 1975."

However, the HNI warns us, the reassuring fact that we have medical research and the mass manufacture of new drugs to thank for deadly weapons against tuberculosis is no reason for complacency or indifference. The bacillus is still very much with us.

A consensus of sources indicates that there are still nearly a quarter of a million active cases of TB in the United States, and perhaps 800,000 active and inactive cases significant enough to warrant public health supervision.

If Dr. Dublin's prediction is to be attained, the ultimate answer lies not a one with health departments or new drugs, but also with the individual who is alert and sophisticated about prevention, and who wins peace of mind by seeking periodic examinations.

Two New Drugs Rated Most Beneficial In Tuberculosis Tests

Research results that will enable doctors to substantially reduce drug reactions and the cost of treatment of tuberculosis were announced by the Veterans Administration today.

In a two-year controlled study, administration of isoniazid alone was as effective as administration of a combination of isoniazid and PAS for previously untreated pulmonary TB patients without lung cavities, VA said.

The two drugs commonly are used together against the disease. PAS, however, produces reactions such as nausea, vomiting, and a rush in a considerable number of patients.

The first study involved some 230 patients at 41 VA hospitals and at Fitzsimons Army Hospital in Denver and St. Albans Naval Hospital on Long Island, N. Y.

Another VA study determined that for previously untreated pulmonary TB patients who do have long cavities the combination of the three drugs most commonly used against tuberculosis produced no better results than do two-drug combinations.

Use of either isoniazid with PAS or isoniazid with streptomycin was as effective as the use of all three simultaneously, and addition of the third drug increased the number of drug reactions.

This second study involved 1,166 patients from 28 VA hospitals, the Fitzsimons and St. Albans hospitals and the former hospital at Parks Air Force Base, Calif.

Both studies were part of the continuing VA-Armed Forces cooperative study of the chemotherapy of tuberculosis, begun in 1946. Findings were reported to a recent meeting of the VA Armed Forces study group in St. Louis.

19m 1959

NEGRO WOMAN SERVES RACE FOR 40 YEARS

19m 22

Mrs. Florence Williams

a Fighter of TB

BY ROI OTTLEY

Mrs. Florence C. Williams, health educator for the Tuberculosis Institute of Chicago and Cook county, has given more than 40 years service to Negroes in numerous areas.

Mrs. Williams served overseas in World War I under the Y. M. C. A. and the American expeditionary force, and was cited by General Pershing for her work in behalf of Negro soldiers.

Delegate to Conference

In 1927 she was sent to Belgium by the Phelps-Stokes fund to a conference called by the International board of missions of the M. E. Methodist church of the United States.

Two Presidents have appointed Mrs. Williams to national committee posts. President Coolidge appointed her a consultant in health education problems of American children. President Hoover had her serve as a member of the child health committee and also as chairman of a committee on housing and home ownership for Negroes.

Named "Woman of Year"

In 1953 she received the "Woman of the Year" award from Beta Iota Zeta, a national professional sorority, for her outstanding leadership in social service.

Mrs. Williams was born in Washington, D. C., in 1896.

She attended school there and then enrolled in Minor Teachers college. After graduation, she taught home economics in Raleigh, N. C. She subsequently became director of health and education for Negroes in the state.

Awarded Scholarship

Her work earned her a general education board scholarship for three years' study in health education at Columbia university, New York City. She returned to North Carolina, was loaned to the board of health of West Virginia, and then joined the Tuberculosis association of Arkansas.

Soon afterwards she became director of the department of health education at Arkansas State College for Negroes. In 1934 she joined Chicago's Tuberculosis institute.

19n 1959

MIGHTY PENICILLIN SLIPPING

Venereal Disease Returns In Force Among Young Americans

(The following article appeared in the July issue of Georgia's Health, publication of the Georgia Department of Public Health. It does not give a breakdown on this social disease by race, but nevertheless, the facts contained in it deserve the attention of all thoughtful citizens.)

For three years now the number of states and major cities reporting increases in venereal diseases among young people has mounted steadily, according to a statement released by the American Social Hygiene Association.

Reported cases of primary and secondary (infectious) syphilis of all ages have shot up 15 per cent this year, over a comparable six-month period in 1958. Gonorrhea is up 11 per cent. Figures also show one teenager in the United States contracts venereal disease every eleven minutes, and many more cases go unreported.

INCREASE AMONG VERY YOUNG

In Georgia among persons under 20, reported cases of gonorrhea and infectious syphilis increased 11.7 per cent for the period July-December 1958. Of the age groups under 20, the rise in the state was greatest, alarmingly, in the 10-14 age group. This increase was 29.5 per cent. In the 15-19 age group, the increase was 10 per cent.

The total number of syphilis cases reported in Georgia for the entire year of 1958 was 3,634, or 161 less than in 1957. The 13,827 total cases of gonorrhea, though, increased 542 over the previous year.

Venereal disease infection in Georgia, studies show, is confined to about 10 per cent of the population. But finding this percentage of the people so infected is a real case-finding problem with time as the major factor. To prevent further spread, they must be found soon after they catch the disease.

EVERY CASE IS INTERVIEWED

A communicable disease investigator, popularly referred to in public health as a C. D. I., interviews every known case of infectious venereal disease reported by local health departments, private physicians, hospitals, and military installations. Such public health detectives obtain from each infectious case their sex contacts, suspects, and associates in order to bring to treatment immediately as nearly 100 per cent of such persons as possible.

Georgia disease investigators completed 35,829 investigations last year, to find newly infected cases. From these investigations, 5,990 cases of previously unknown and untreated venereal disease were brought to treatment. Of these 617 were early infectious syphilis cases.

All venereal disease patients financially able to afford private treatment from their private phystreatment are encouraged to seek such treatment from private physcians treated 55 per cent of the total syphilis cases reported.

OUT-PATIENT CENTERS

Many Georgia counties do not have local facilities for the diagnosis and treatment of venereal diseases. For this reason, 9 area outpatient diagnostic and treat-

He said he figured that way I would have time for a little fun and still be sober and back to work in time for the lambing season. And that is what I did. I don't remember anything about it, but I must have started home after dark one night in a snowstorm. I don't know how I happened to let the mule get away from me, but I did. And I got lost. I don't know how long I wandered around in the mountains, but I would probably have frozen to death if Wynn and Tony hadn't found me.

"I remember that part of it a little bit, but I'll be darned if I know where they were or what they were doing. I would never have thought anything more about it if they hadn't started buying me drinks and trying to pump me."

"And Frenchy didn't want you to tell anybody?"

Bacho jerked his head round. "Now don't you start getting any foolish ideas again," he said sharply. "Frenchy's got his own reasons for keeping his mouth shut. Besides, he is a sheepman, and he figured you cattle folks could jolly well settle your own squabbles. And I the same. That's why I have never bothered my head about it—except to try and pry a drink out of Wynn and Tony now and then."

"Did Wynn or Tony bring you a bottle the day someone hid that calf in Frenchy's cellar?"

Bacho shook his head. "No. I didn't think much about it then, but I know now how that happened. Somebody tore down a couple of the poles in the corral, right by the creek. Someone who knew I would probably be sent to fix the fence. I found the bottle in the weeds by the fence post.

VENEREAL CASES DECLARED RISING

The New York Times

'Shocking' Increase Among Youths 15 to 19 Is Found in Study by U.S. Agency

New York

WASHINGTON, Nov 9 (AP) — Venereal disease appears to be on the increase again throughout the nation, with "shocking" rises among youths 15 to 19 years old, a Public Health Service official reported today.

Dr. William J. Brown of the Service's Communicable Disease Center at Atlanta said that there is evidence suggesting a steady rise since 1954.

He cited false confidence by the general public, and even by some doctors, that pencillin alone could eradicate gonorrhea and syphilis.

As rgeards syphilis, he declared, Americans in the pre-penicillin era looked upon it as a threat to life, health and sanity. Now, he said, the public attitude toward the disease is as fickle and transitory as it was toward the jigsaw puzzle and the hula hoop.

Addressing the sixty-sixth annual convention of the Association of Military Surgeons of the United States, Dr. Brown warned that if venereal disease was to be eradicated there must be closer attention by the public to getting proper medical attention; more accurate diagnosis of cases—and, above all, more checking into the sexual contacts of known cases.

"Recently," he said, "private physicians, clinics and hospitals have reported increases in both early syphilis and gonorrhea in colored and white, male and female, poor and rich, young and old, urban and rural, and every category in between, all across the country.

"Of particular interest to you (military doctors), I should think, are increases in syphilis averaging 200 per cent over a period of three years in such military and recreational areas as Boston, Chicago, Houston, San Francisco, Los Angeles and the National Capital.

"And, unfortunately, we're setting shocking increases in the 15-19 year age group. In this group alone reported infectious veneral disease rose from 45,000 cases in 1957 to 49,500 in 1958."

Dr. Brown said that venereal disease still killed at least 4,000 American every year and that the nation was still paying $48,000,000 annually for hospitalization patients with mental derangement from syphilis. "Actually," he added, "the total cost of all the paretics (syphilis-deranged) hospitalized in the United States today will amount to a sum greater than the total expenditure for venereal disease control by all the countries of the world since the historical infection of the Spanish Navy and the Neapolitan Army in 1494."

Venereal Disease Increasing, Expert Warns Doctors

WASHINGTON, Nov. 9 (AP). Venereal disease appears to be on the increase again throughout the nation, including shocking increases among youths fifteen to nineteen years old, a Public Health Service official reported today.

Dr. William J. Brown, of the service's Communicable Disease Center at Atlanta, said there is evidence suggesting a steady rise since 1954. He blamed, among other things, false confidence by the general public, and even some doctors, that penicillin alone could eradicate gonorrhea and syphilis.

He said that as regards syphilis, for example, Americans in the pre - penicillin era looked upon it as a threat to life, health and sanity. Now, he said, the public attitude toward the disease is "as fickle and transitory as it was toward the jigsaw puzzle and the hula hoop."

Addressing the sixty-six annual convention of the Association of Military Surgeons of the United States, Dr. Brown warned that if VD is to be eradicated there must be closer attention by the public to getting proper medical attention, more accurate diagnosis of cases and, above all, more checking into the sexual contacts of known cases.

"Recently,55 he said, "private physicians, clinics and hospitals have reported increases in both early syphilis and gonorrhea in colored and white, male and female, poor and rich, young and old, urban and rural, and every category in between, all across the country.

"Of particular interest to you (military doctors), I should think, are increases in syphilis averaging 200 per cent over a period of three years in such military and recreational areas as Boston, Chicago, Houston, San Francisco, Los Angeles and the national capital.

"And, unfortunately, we're seeing shocking increases in the fifteen to nineteen year age group. In this group alone, reported infectious VD rose from 45,000 cases in 1957 to 49,500 in 1958."

Declaring that VD still kills at least 4,000 Americans every year, and that the nation is still paying $48,000,000 annually for hospitalizing patients with mental derangement due to syphilis, Dr. Brown added:

"Actually, the total cost of all the paretics (syphilis-deranged) hospitalized in the United States today will amount to a sum greater that the total expenditure for VD control by all the countries of the world since the historical infection of the Spanish Navy and the Neapolitan Army in 1994."

Dr. Brown said that under the influence of an "overwhelming optimism" which gripped the public following the demonstration that penicillin was effective against venereal disease, "VD control funds were diverted to other purposes."

19n 1959

Syphillis, Gonorrhea Up in Philadelphia

VD Rising Among Teen-agers

HARRISBURG, Pa. — The rise of VD among teenagers is a clear indication that we have a tremendous job to do in social welfare, family education and mental health," Harold R. Prowell of Harrisburg said.

He referred to a report on venereal disease just released by the American Social Hygiene Association.

Mr. Prowell is president of the Pennsylvania United Fund, a voluntary organization which supports the ASHA in its anti-vice and anti-VD work.

■

THE 32-PAGE report shows that for the third consecutive year, more states and major cities declared VD had increased among their teen-aged populations.

In 1957 it was estimated that one case of infectious VD was reported every 11 minutes in the under 20-year-old age bracket. In 1958 the number continued to rise.

Philadelphia was among the major cities reporting an increase in gonorrhea among the 15 to 19-year-old group. Philadelphia reported 44 per cent more cases for this age group in 1958 than in 1957.

Pennsylvania noted "no significant change in the general picture," with the total syphilis rate in the state tagged at 26.8 per 100,000 population during 1958. This rate would be lower, the report indicates, if it were not for four "problem areas" in the state.

One "small county," pinpointed but not named, had 25 times the number of syphilis cases recorded as "average." In other words, the rate in this county is 697 against the 26.8 index for the state.

■

THE REPORT IS an annual summary prepared by the ASHA and two cooperating organizations, the Association of State and Territorial Health Officers and the American Venereal Disease Association.

Health officers in 49 states, three territories and 94 major cities of the U. S. assisted in compiling the statistics.

There were 22 states and 31 cities of 100,000 population and over which reported increases in their 15 to 19-year-old age group. there were twelve states and cities reporting increases among the 10 to 14-year-old age group.

Mr. Prowell pointed out, "over half the VD caseloads in our public clinics are teenagers and young adults. Promiscuity is an alarming sympton of irresponsibility and emotional instability. Clearly there are many youngsters who desperately need the guidance of our youth agencies, our family agencies our mental health organizations."

He commended the work of the ASHA saying, "This voluntary agency is fulfilling a strategic role, in getting the facts and working with local authorities to clean up vice-ridden areas."

A board member of the American Social Hygiene Association, Dr. Norman R. Ingraham, deputy health commissioner of the city of Philadelphia, said, "The survey highlights a crucial problem and pinpoints the tragic path of delinquency. Unfortunately there are three cases undiagnosed for every one that is diagnosed. If we had the full statistics, the total would be 200,000 people under 20 years of age who are infected annually."

MIGHTY PENICILLIN SLIPPING

Venereal Disease Returns In Force Among Young Americans

(The following article appeared in the July issue of Georgia's Health, publication of the Georgia Department of Public Health. It does not give a breakdown on this social disease by race, but nevertheless, the facts contained in it deserve the attention of all thoughtful citizens.)

For three years now the number of states and major cities reporting increases in venereal diseases among young people has mounted steadily, according to a statement released by the American Social Hygiene Association.

Reported cases of primary and secondary (infectious) syphilis of all ages have shot up 15 per cent this year over a comparable six-month period in 1958. Gonorrhea is up 11 per cent. Figures also show one teenager in the United States contracts venereal disease every eleven minutes, and many more cases go unreported.

INCREASE AMONG VERY YOUNG

In Georgia among persons under 20, reported cases of gonorrhea and infectious syphilis increased 11.7 per cent for the period July-December 1958. Of the age groups under 20, the rise in the state was greatest, alarmingly, in the 10-14 age group. This increase was 29.5 per cent. In the 15-19 age group, the increase was 10 per cent.

The total number of syphilis cases reported in Georgia for the entire year of 1958 was 3,634, or 151 less than in 1957. The 13,827 total cases of gonorrhea, though, increased 542 over the previous year.

Venereal disease infection in Georgia, studies show, is confined to about 10 per cent of the population. But finding this percentage of the people so infected is a real case-finding problem with time as the major factor. To prevent further spread, they must be found soon after they catch the disease.

EVERY CASE IS INTERVIEWED

A communicable disease investigator, popularly referred to in public health as a C. D. I., interviews every known case of infectious venereal disease reported by local health departments, private physicians, hospitals, and military installations. Such public health detectives obtain from each infectious case their sex contacts, suspects, and associates in order to bring to treatment immediately as nearly 100 per cent of such persons as possible.

Georgia disease investigators completed 35,829 investigations last year to find newly infected cases. From these investigations, 5,990 cases of previously unknown and untreated venereal disease were brought to treatment. Of these 617 were early infectious syphilis cases.

All venereal disease patients financially able to afford private treatment from their private physicians treated 55 per cent of the total syphilis cases reported.

OUT-PATIENT CENTERS

Many Georgia counties do not have local facilities for the diagnosis and treatment of venereal diseases. For this reason, 9 area outpatient diagnostic and treatment centers are operated in larger local health departments where patients from surrounding counties may be referred for these services. Last year, 12,655 cases of venereal disease were treated in these centers by the state. Transportation to and from the centers was furnished.

GONORRHEA RESISTING PENICILLIN

A recent study indicates that the organism causing gonorrhea is developing a resistance to therapeutic penicillin injections, according to Dr. Ernst Epstein, of Marshfield, Wisconsin, writing in the Journal of the American Medical Association.

It previously had been assumed that acute gonorrhea had largely been banished by penicillin. No longer can acute gonorrhea be considered as a disease with certain cure and less disability than a common cold, Dr. Epstein reported.

His opinions are based on a study conducted in 1958 while he was serving in the Army Medical Corps in Korea. The study included the examination and treatment of 146 servicemen infected with gonorrhea. They were given a series of five daily injections of penicillin. Results indicate a 20 per cent failure to cure the disease.

Dr. Epstein attached grave significance to the study. "It is probably only a matter of time until penicillin resistance will be met on an increasing scale all over the world."

Until the social problems concerned with the spread of venereal disease are improved, the picture for both syphilis and gonorrhea is not encouraging.

22.7 PER CENT INCREASE

Venereal Disease On Upturn In U.S.

ATLANTA (AP) — An upward trend in the incidence of syphilis in the United States was reported Thursday by the U. S. Public Health Service.

Reported cases of the disease had been coming down until 1955. They leveled off to around 5,600 cases a year until last year when a 22.7 per cent increase was noted, the figure rising from 6,660 in 1958 to 8,178 in 1959.

The total of venereal cases still is under earlier years. In 1950 the number of new cases was 32,250 and in 1955 dropped to 6,515. Use of so-called wonder drugs is credited for a major part of the decrease in the 1955 period, along with rapid treatment centers sponsored by state and federal governments.

RESISTANCE TO DRUGS

Some medical authorities believe venereal organisms are building up resistance to the drugs.

The Public Health Service emphasized that reported cases of veneral disease do not give a true picture since many cases go unreported.

But the figures show that nearly twice as many non-whites contract syphilis as do whites. For gonorrhea the rate of infection for non-whites was three times that of whites.

In 1950 the total of reported syphilis cases was 231,567 with whites accounting for 83,823 cases and non-whites 147,744. In 1959 the total was 119,981 with white infections numbering 47,170 and non-white 72,811.

LATES FIGURES

For gonorrhea the figures were 304,066 cases in 1950, white 78,819, non-white 225,247; in 1959 237,318 cases, white 51,232 and non-white 186,086.

The health service aided the Kansas State Department of Health in developing a new 15 minute film for use in apprising high school and college students of the dangers in exposing themselves to veneral disease.

Dr. W. G. Simpson, assistant chief of the venereal branch, said the film is being shown in a number of states and others have ordered it.

Some of the earlier films used in schools are out of date although several, like "The Invador" were called outstandding.

Veneral Disease Shows Rise Among U. S. Youths

By FRANK CAREY
Associated Press Science Writer

WASHINGTON (AP) — Veneral disease appears to be on the increase again throughout the nation, including "shocking" rises among youths 15 to 19 years old, a Public Health Service official reported Monday.

Dr. William J. Brown, of the service's Communicable Disease Center at Atlanta, said there is evidence suggesting a steady rise since 1954. He blamed, among other things, false confidence by the general public, and even some doctors, that penicillin alone could eradicate gonorrhea and syphilis.

He said that as regards syphilis, for example, Americans in the prepenicillin era looked upon it as a threat of life, health and sanity. Now, he said, the public attitude toward the disease is "as fickle and transitory as it was toward the jigsaw puzzle and the hula hoop."

Addressing the 66th annual convention of the Assn. of Military Surgeons of the United States, Dr. Brown warned that if VD is to be eradicated there must be closer attention by the public to getting proper medical attention; more accurate diagnosis of cases, and —above all — more checking into the sexual contacts of known cases.

"Recently," he said, "private physicians, clinics and hospitals have reported increases in both early syphilis and gonorrhea in colored and white, male and female, poor and rich, young and old, urban and rural, and every category in between, all across the country."

Of particular interest to military doctors, are increases in syphilis averaging 200 per cent over a period of three years in such military and recreational areas as Boston, Chicago, Houston, San Francisco, Los Angeles, and the national capital, he said.

"And, unfortunately, we're seeing shocking increases in the 15-19 year age group. In this group alone, reported infectious VD rose from 45,000 cases in 1957 to 49,500 in 1958."

He declared that VD still kills at least 4,000 Americans every year and that the nation is still paying 48 million dollars annually for hospitalizing patients with mental derangement due to syphilis.